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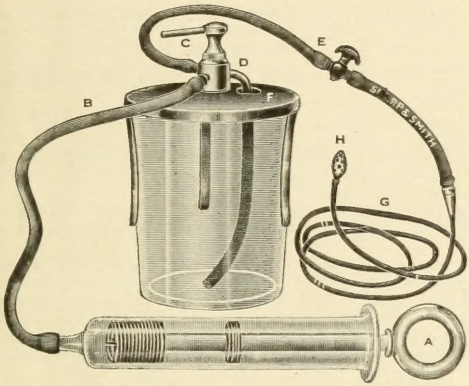

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Minneapolis, Minn.

President American Institute of Homœopathy, 1915-1916

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PRESIDENT'S ADDRESS*

By Henry C. Aldrich, M. D., Minneapolis, Minn.

Members of the American Institute of Homœopathy and Friends:

I come before this audience to give my thanks to the Institute for the elevation of myself to the very high office which I now occupy. For I consider the Presidency of the American Institute of Homœopathy to be the highest honor that it is within the province of the medical profession to bestow, this being the oldest national medical society of this country.

Samuel Hahnemann was a man of wonderful erudition. He was great. He was broad. His knowledge was marvelous. He was not a man of a single idea, though this opinion is often expressed by those who criticise him, his disciples, and his followers in the present homœopathic school.

He was a scholar whom scholars honored and respected; a physician whom physicians feared; a philologist with whom philologists dreaded to dispute; a chemist who taught chemists; a philosopher whom adversity nor honor had power to change.

The neglect to make use of any and all things to aid in the cure of a patient, was considered by Hahnemann a crime, as we learn from a study of his writings: and from such study, we learn, too, the wonderful ability of this great teacher whose disciples we homœopathists are, and whose example we all should emulate.

The more one reads and studies the writings of Hahnemann, the more one is impressed with his thorough knowledge of therapeutics and his superiority over the average medical man of his time and of the present. He had a great fund of knowledge of what is now known as psychotherapeutics, and

*American Institute of Homœopathy, Baltimore, June 26, 1916.

he employed this to what, even with our present knowledge, would be considered a very great extent.

Hahnemann's father, in the little town of Meissen, renowned for its porcelain, of which the senior Hahnemann was a painter or decorator, was a leader, a thinker, a student. We know that he was the constant companion of his son, Samuel, in their Sunday walks and talks. The father, from flower and leaf and bird and beast, found inspiration for the designs which he used in his decorations, and taught the son how to read Nature's great book, how to observe, how to think.

At a certain hour, the elder Hahnemann regularly left the evening gatherings of his friends and cronies at the village "Wirtshaus" to go home and give his son his "lesson in thinking," much to the disgust and disappointment of these worthies. This self-sacrifice, if we may call it such, showed the growing ascendency of the father's mind and character upon the developing child.

The son early manifested a great fondness for the study of languages, and we know that in later life Samuel Hahnemann was a marvelous linguist. When he graduated from the "Fuersten Schule" of Meissen, his graduation thesis was on "The Wonderful Construction of the Human Hand," indicating the value of the father's lessons in thinking. He had learned to look beyond the mere surface and to discern occult qualities that genius readily appreciates. When autumn came, the son started for Leipzic to prepare himself for the medical profession, with the princely sum of twenty thalers in his pocket. Hard work and hard study followed, for the young man was obliged to support himself by teaching languages, by translating various works for the publishers and booksellers, and by other literary labors.

Two years later he went to Vienna for hospital study and experience. Here his studiousness and exemplary habits won for him the friendship of the "Physician in Ordinary to the Emperor," of whom the future Dr. Hahnemann has said, "He taught me as if I were his sole pupil and all without expecting any remuneration from me." Later, this good friend secured for the medical student a position as a resident physician under the patronage of Baron von Bruckenthal, of whose extensive library he took charge, with this endorsement, "No, your Excellency, not yet a graduate, but fully competent for the professional responsibilities of the physician; one who is a scholar,

a fine linguist and not a stranger to the value of the uses of a library."

In due course of time, young Hahnemann earned sufficient to allow him to go to Erlangen to take his degree. Then followed hard years of a very active practice in Hettstadt and Dessau, at which latter place he took the largest "old school" dose of his life, a wife, the daughter of a chemist. Later they removed to Gommern, he being always busy without much remuneration, but gaining great experience, and putting drugs to the test, which in after years caused him to say that undoubtedly his patients would have been better off had he given them nothing.

Chagrined at his lack of pecuniary gain (for be it known, he was the first physician ever located in the town of Gommern) Dr. Hahnemann asked a well-to-do farmer why he did not patronize him and was told, "Herr Doktor, we people have lived in Gommern four hundred years without one of your kind, and we cannot play foolish for your sake. If you could do anything for a sick sheep, we might find some use for you." The disgusted district physician immediately sought out a place where sheep were not supreme.

In his journeying from Gommern, bad roads caused an accident to the vehicle in which his family and household goods were being conveyed and it was overturned; an infant son was severely injured so that he died shortly after, a daughter broke an arm and the household effects were badly damaged by water. Such vicissitudes coupled with poverty would have discouraged a weak man, but Hahnemann had great and indomitable courage, a brave heart and a robust body. Nothing daunted, our hero (for such a man is a hero) kept on writing books, books of value at that time, and noteworthy at the present day. His contributions to chemistry won for him the praise of Berzelius, and Hufeland ranked Hahnemann among the very first of his profession in Germany. Hufeland's Journal had no contributor whose papers were more warmly welcomed. Others termed him, "that double-headed prodigy of learning and philosophy."

Still the man questioned, and said, "I am convinced the sick will do better with no medicine at all. God help me! I will practice no more." He turned to chemistry and left an enviable name in the history of that science, and also worked night and day with various translations. At this time, in their

poverty, the family were in dire straits and the good wife told him that though their clothes were poor, they must be washed and that she had no soap. He sprang from his writing and told her he would teach her a trick, and proceeded to do the washing himself, using potatoes instead of soap. To illustrate the bitter penury of the family, a daughter who was ailing hoarded her share of black bread, which the father doled out to each by weight. The little child, feeling her approaching doom, bequeathed her precious hoard to a favorite sister.

At this time, there was printed in England a work on Materia Medica, written by William Cullen, whose fame in the medical world was second only to that of the Dutchman, Hermann Boerhaave, and Hahnemann was secured to make a translation of the same. Struck by the similarity of the symptoms caused by the substance Peruvian Bark in the ordinary healthy individual, to those of malarial fever, Hahnemann studied and thought over this fact until he evolved a formula which took this shape, "Any substance that relieves diseased conditions will produce similar conditions when taken in suitable quantities and for a sufficient period of time, by those in health, and it is this property in drugs that makes them medicines."

Even then he was in a quandary: Could this be a fact? He ransacked the records of medicine from the earliest periods and found that Jewish, Arabian, Greek and Roman physicians had reported cure after cure accomplished by the use of the same drugs that had produced the likeness of these recorded diseases, as he had experimented upon himself, his family and his friends. Better even than this, he found that Hippocrates had sanctioned a method of practice along the same lines, and that Haller had recommended experiments with drugs *"in corpore sano"* in order to determine the *actual effects* of these agents. As a result of this study and reading, after much experimentation, he finally elaborated what has come to be known the Homœopathic law of cure, "Likes may be treated by likes."

It has been a century of ridicule and condemnation by the dominant school of practice. Now, we of the Homœopathic school realize that the writers, the students, the thinking men, the so-called research workers of the old school, by their instruments of precision, are scientifically demonstrating the truths of Hahnemann's theory and practice and writings, and that individuals sufficiently broad-minded are admitting it.

While some of our weak-kneed homœopathists are beginning

to doubt the Law of Cure, and call it a rule only, and disregard the methods of Hahnemann, the old school, through their work on serums and vaccines and toxins, are slowly coming to acclaim Hahnemann's Law of Cure. It behooves us to see that they do not snatch from us our banner and go on to victory.

After many vicissitudes, after much persecution and prosecution (for laws were passed to prevent his practicing), after ostracism by the medical fraternity, after numerous articles and books had been written to demolish the homœopathic idea as advanced by him, the disciples of the Sage of Coethen (as Hahnemann came to be known, from the city where he was permitted to practice), grew more and more numerous. For his fame as a teacher and as a physician became wide-spread, bringing seekers after the truth from far and near. Some came to learn, others came to ridicule or to destroy, and among these latter was Constantine Hering, who had been engaged, while yet a student, to write a book against the growing doctrine.

Hering, for this purpose, was provided with Hahnemann's works. From his reading, he became first interested, then he began to investigate for himself, and after a thorough study extending over a period of two years, he grew to be an enthusiastic believer in and supporter of this grand old man. Because of this, he, too, was obliged to suffer want, hunger and persecution, and had to postpone his examinations for his degree. When he did take these examinations, they were made most rigorous because of his belief in Hahnemann's theories.

Hahnemann warned Hering not to allow himself to be known as one of his disciples, and wrote a letter saying, "You desire to become a physician in the nobler sense (a pure benefactor of men), standing on earth a representative of God, our highest benefactor, and to be a good man; then you will be a truly happy, joyful man."

To show the marvelously broad mind of Hahnemann and his great fortitude, I quote from one of his letters:

"Ingratitude recoils on those who practice it. We should have too much self-respect to get angry with it; we must judge of this attempt to injure us by our reason; we must not take it to heart, if we are wise. Contemptible and detestable though this conduct seems to my reason, I do not vex myself about it, because that would do me harm, and because, however much I might be annoyed, that would not alter the matter. It is a trial sent from above by the all-wise and all-good Ruler, who guides

everything for the best if we know how to regard it as a good lesson and to regulate our future course by it.

"He who, as regards vexations about injuries, etc., does not remain master of himself, does not treat them with indifference, but allows his mind to be embittered and poisoned by them, will not live long; he will so soon have to leave this world.

"And what an odious thing it is to be overcome by anger. Strive to keep far from you all sensitiveness in regard to such things so that nothing can deprive you of your composure, of your God-given mental tranquility; otherwise you will not be long on earth. Take warning! Learn this great beautiful lesson! It will do you good."

In spite of the calumnies of his enemies, in spite of the fact that laws were passed preventing physicians from dispensing their own medicines, (and by the way, enlightened as this commonwealth, Maryland, is, its legislature was sufficiently benighted to attempt to do that same thing this past winter), I say that in spite of every effort of the chemists, aided by the practitioners of medicine, Hahnemann's fame as a successful physician grew and spread throughout the adjoining countries. Because of these persecutions, he was obliged to move from city to city. However, his students and followers were devoted and he received many gifts and evidences of affection, showing the high honor in which he was held by them and by their friends. Finally there was established a homœopathic hospital in Leipzic under his direction.

Late in life, when bereaved by the loss of his devoted wife, his home was cared for by his beloved daughters and he devoted his entire time to the pleasures of his large practice and his medical researches. In 1834 Hahnemann, then eighty, was consulted by a young French woman of a prominent and wealthy family. From their acquaintance grew a love which resulted in their marriage in Coethen on January 28th, 1835. They removed to Paris, where Hahnemann, having obtained permission to practice, became the fashion and his patrons were of the nobility and learned; his disciples flocked to his reception rooms to do him homage and to learn from his vast storehouse of knowledge; patients were so numerous that newcomers had to wait for hours before being admitted to audience with the illustrious man; here he lived eight busy, crowded years, amassing a large fortune. The recluse, the scholar, the thinker became in his old age the fashionable physician in the gayest city in the world.

July 2nd, 1843, at the age of eighty-nine, this wonderful man passed to his widowless palace of rest, having lived through nearly a world's century; having seen his system of healing rise from contempt to honor, knowing hardship, finally dying in luxury in this world's capital.

Hahnemann was of the time of the Boston Tea Party and the Declaration on the State House steps of Philadelphia, of the day of Washington and Lafayette. He saw Napoleon build an empire on the ashes of a revolution; he saw the dismal retreat from Moscow and acted as physician to the sick and suffering army of 1813; he listened to the echoes of Waterloo, the story of St. Helena. He left Germany for brilliant Paris when Bismarck was but a student of twenty.

His poverty influenced his life. His lessons in thinking were never forgotten; the lamp of clay taught its lesson. Poor, he was obliged to translate through the long hours of the night, but in the study necessary for these translations, he laid the foundation for the wonderful knowledge that he afterward exhibited. Most marvelous of all, he kept an unwavering faith in the goodness of God, who he felt must have endowed mankind with some sure method of healing. Hahnemann firmly believed that his discovery was a gift to him from God, in trust for the benefit of his fellow men.

Perhaps for this reason he always had an exalted opinion of the medical profession, and has written, "The furtherance of every means, be it ever so small, that can save human life, that can bring health and security, should be a sacred object to the true physician."

The founder of our school made the great *inductive* step in medicine, and promulgated the law *Similia Similibus Curentur*. In addition, he made the great *deductive* step by performing the labor to demonstrate its truth. What Bacon did for science, what Copernicus did for astronomy, what Archimede did for physics, that did Hahnemann for medicine. But he was not the first to observe that "Likes may be cured by likes." History is replete with such instances, as found in the writings of Hippocrates, Varro, Casus, Galen, Paracelsus and others, but Hahnemann was the first to formulate this law of cure.

One of the oldest instances of a Homœopathic cure is found in the Bible in Numbers, Chapter 21,—"And the Lord sent fiery serpents among the people and much of Israel died. Therefore the people came to Moses and said, 'We have sinned for we have

spoken against the Lord, and against thee. Pray unto the Lord that he may take away the serpents.' And Moses prayed for the people and the Lord said unto Moses: 'Make thee a fiery serpent and set it upon a pole and it shall come to pass that every one that is bitten when he looketh upon it shall live.' And Moses made a serpent of brass and put it upon a pole, and it came to pass that if a serpent had bitten any man, he lived." According to the Oxford Concordance, the fiery serpent mentioned above was so-called from the fiery burning fever caused by their bites, and please note, Moses set up a serpent of brass, making the cures truly Homœopathic.

One of the first instances, if not the first instance in profane history, of a record of a Homœopathic cure was cited by Dr. Constantine Hering. It was taken from a manuscript in the Vatican, giving an account of the miracles of Saints John and Cyrus at Alexandria, A. D. 295. This particular article was translated for Dr. Hering in 1860 by Geo. Allen, LL. D., Professor of Greek in the University of Pennsylvania, and is entitled "Translation of the Acta Sanctorum," "Concerning Theodorus, who was commanded by the Saints to eat a scolopendra." The translation relates that, "Theodorus, being seriously ill with a burning fever in his bowels, and not being benefited by the physicians, consulted the Martyrs, John and Cyrus, in their sacred edifice, who appeared to him in repeated dreams, commanding him to eat a viper, which acted as an emetic, removing the original poison; the Saints not curing contrary by contraries as mortal physicians are wont to do, but like things by the use of likes. For they do not remove the diseases of their supplicants, being bound by the laws of physicians, but being powerful by a heavenly decree, they apply a means of cure which is wonderful and evidently divine."

Maybe the scope of action of the law of *Similia* has a broader field than we have dreamed of.

As Columbus sailed forth on his little bark, Santa Maria, and gave to mankind a new world, so Samuel Hahnemann sailed forth on his little bark, Cinchona, with Similia Similibus for a compass into an unknown sea of therapeutics. In this strange ocean, he discovered sixty-four islands, each one a remedy for the treatment of disease. His great life-work, the Materia Medica, he gave to the medical profession, and it was received by them much as Columbus was received by the King of Spain. Such a Materia Medica had never been offered to the medical world since medi-

cine had been cultivated as an art. He also gave rules for the examination of the patient; for the proving of medicine on the healthy; for the determination of similarity; for the choice and repetition of the dose; for the preparation of drugs; for the diet and regimen to be observed.

Now has the little bark, Cinchona, expanded into the mighty battleship of Homœopathy, which has planted the standard of Similia on every shore and in every clime. Hahnemann's sixty-four remedies have expanded into four hundred and eight proven remedies of Hering's "Guiding Symptoms," and the eight hundred and twenty-six remedies of Allen's "Encyclopedia of Materia Medica." His little band of thirty-seven provers, whose names should be immortalized, has expanded into an army of devoted physicians. His comparatively few patrons have become millions, who stretch forth their hands in thanksgiving for benefits received, and call him blessed.

Loyalty to the profession which before God and man we have chosen, and unswerving loyalty to that man who founded the particular school which we represent, is the keynote of my thought. A Homœopathic physician half-hearted toward the teachings of Hahnemann makes little progress on the smoothest road. He goes backward and forward like a ship without a rudder and really reaches no ultimate goal. If, after due deliberation, we have chosen Homœopathy as a profession, we should not be lured into by-paths. We should take it as our purpose in life and throw all our mind and energy into it.

It seems to me this continuity of purpose is at the root of the secret of success in a physician's life. If Hahnemann had despaired because he was obliged to leave Leipzic when the apothecaries brought forward an act to forbid physicians to dispense their own medicines, there might be no such school as we represent today. Hahnemann dreamed to the stars. He recognized that his little today was a space between two eternities—the past and the future. He never faltered, for he felt the land of promise was before him. Even so, he did not dream of the potentialities that his revolutionizing of medicine might and did bring. Though the world began to recognize his greatness before he died, how little he foresaw that a statue would be erected in his honor in the very town that he left because of a lack of appreciation, and it seems an irony of fate that the local authorities of that town should have supplied the site for the statue.

It was a certain singleness of purpose, coupled with devotion to his profession, that helped to make Hahnemann great. While he absorbed his ideas like fresh air and felt there was no end to the great road, the constancy to his ideals kept him from scattering his forces. He was loyal to his beliefs and that, my friends, is what we should be. A citizen is loyal when he is devoted and true to his government. In the same way a physician is loyal when he is devoted and true to the school of medicine which he has the honor to represent. And in a way this loyalty to his profession belongs to the moral department of a man's life, for it becomes a great sentiment, a deep and high devotion. More than this, the desire to stand by and for his calling becomes to the Homœopathic physician an in-born and habitual homage to the founder of his school.

It is one of the notable attributes of loyalty to the Homœopathic school that its followers are not easily discouraged. They have borne burdens, they have made sacrifices, they have had long years of hope deferred. It is because the early members of this school stood like rocks amid the waves of ridicule and ostracism, and because of their strong hearts that today our particular branch of medicine has both power and honor. It is this power and honor that we are desirous to keep and that we shall keep if we stand for loyalty to our school and have courage and tenacity of purpose amid ridicule and defeat. "There is no magic formula that makes men win. One willing and courageous human, plentifully mixed with energy and stirred with ambition—that's the recipe." In other words, it is the home stretch that tests the doctor as well as the man.

Another thing,—All true men, all true physicians, value their art above money. A good physician may rightfully desire to make a living by his profession, but no reward in money can make him alter the character of his art as he believes in it. We believe in Homœopathy. Let us stand by it. Our best energies must go forth in the cause that we represent and in our school no half-hearted work will answer. We know that to master our profession requires time, patience and persistent effort. In reality, we belong to a profession that never can be mastered, for it is always reaching out into the unknown and revolutionizing life. But an enthusiastic loyalty to the principles of Hahnemann and devotion to our school go a long way. Says Shakespeare:

> "Do not for one repulse, forego the purpose
> That you resolved to effect."

The Homœopathist disloyal to the school that he represents, eager to catch at every medical will-o-the-wisp, becomes a waif, a nothing. He frequently ends like the unfortunate individual who thus voiced his woes:

"Monday, I dabbled in stock operations;
Tuesday, owned millions, by all calculations;
Wednesday, my Fifth Avenue palace began;
Thursday, I drove out a spanking bay span;
Friday, I gave a magnificent ball;
And Saturday, 'smashed,' with nothing at all."

As a matter of fact, to speak seriously, a Homœopathist must be honest with himself. I know of no better way of putting it. *He must be honest with himself.* Not from motives of policy, but because he is the advocate of a great truth. The thing most to be desired in medicine, as in every other walk of life, is a steadfast soul. Realizing this, the followers of Hahnemann can cry the words that Tennyson had inscribed on the pavement of the entrance hall to his home:

"The truth against the world."

Does Fraternity Pay? The Grand Secretary called up your Editor on the 'phone a short while ago requesting the address of a Phi Alpha Gamma man in the Middle West. He was wanted by a brother in consultation on a man that could pay any fee he was asked. A look at our professional card list resulted in one of our brothers, whose card indicated that he was nearest the case, receiving the call for the consultation and incidentally a nice big fee.

Did his card, carried for the past five years or more, pay?

At a Founder's Day dinner another Phi Alpha residing in New York City wanted the address of one of our men residing in Detroit, as he wanted to refer a particularly good family moving there, to a brother of the phalanx.

There being no professional cards in the *Quarterly*, we were obliged to let this case go without any recommendation.

Who lost?—*T. D. B. in Phi Alpha Gamma Quarterly.*

SURGERY AND GYNECOLOGY*

By E. Weldon Young, M. D., Seattle, Washington

It is a great age in which we live, and to the surgeon an age without parallel in the history of the world. The life history of surgery, like the life history of every individual and every nation, is a process of evolution. Evolution spells progress. Progress is rarely continuous. It has its failures as well as its successes. And so with surgery. Some pages of surgical history are writ large with error, superstition, false teaching, strange fads and fancies. Other pages are illuminated with some of the most marvelous achievements of recorded time. The student of medicine who graduated this spring with the splendid equipment bestowed upon him by his alma mater has small conception of the difference between his training and the best obtainable when physicians now living began their first "spring drive" against disease, deformity and death. Then their clinical facilities were meagre, their laboratory training worse, bacteriology with its co-worker, asepsis, was unknown, and yet, under these conditions, the age produced men whose skill and resulting fame will last centuries after their allotted time is an accomplished fact. How much, then, should we who live in the beginning of this twentieth century rejoice in the splendid opportunities that are ours for the slight effort necessary to grasp them.

One of the great factors contributing to the advancement of medical and surgical skill has been the growth of our medical organizations, where men animated by earnest desire could meet and report their successes and failures, compare their methods with those of their colleagues in the open forum of public discussion, and by so doing take back to their practices more scientific technic in the handling of their disease problems.

It was such an ambition upon the part of a group of surgeons and gynecologists in the membership of the American Institute of Homœopathy that formulated a plan for the organization whose annual session brings us here today,—the Surgical and Gynecological Society of the American Institute of Homœopathy. This is its sixteenth annual session as an organization and the eleventh since its formal affiliation with the Institute,—a period of sufficient length in my judgment to warrant a discussion at this session of whether or no we are doing as efficient service as we might in the advancement of surgical and gynecological knowledge, or the

*President's Address Surgical and Gynecological Society, Baltimore, June, 1916

advancement of our own ability in the care of those who seek our services. I fear we are not. We are to act at this session upon the adoption of a new constitution and by-laws for our government. These articles have been carefully prepared by a committee of which Dr. H. R. Chislett is chairman. This committee has given not a little time and thought to the formulation of this report, and I believe all the changes that they have recommended should be adopted, and I so recommend. You will note but few changes in the constitution already in force, and not many changes in the by-laws until you reach Article V. Here there are several suggestions, all of which have merit because they seek to elevate the standard of eligibility of the membership and the class of papers presented at our annual sessions. This should be so. This is a surgical and gynecological society. Inferentially its membership is most interested in those branches of the healing art.

Our present membership roll carries names that have been honored in the history of Homœopathy for a generation. Not a few have surgical reputations international in character. There are others whose skill, training and opportunities are such that it is probable they will be the surgical authorities of the future, and I believe are all firm believers in the great method of cure enunciated by Samuel Hahnemann. Hitherto there have been practically no limitations upon eligibility to membership other than good standing in the Institute. But the evolution of the organization and its work have constantly emphasized the necessity for change, and of these changes that of associate membership is important.

Associate Membership

There are many honored members of the Institute who are learned in similia, capable, conscientious physicians, whose capacity is great for rendering skilled care in diseases that are largely medical in character, but who have only elementary knowledge of those disease problems that are surgical; conditions that interest us most, but them least. There are others more or less distant from surgical centers yet who do more or less surgery, and are as interested in surgical advance as those who specialize, and it seems wise for us to have the inspiration of the presence of these two classes of membership as well as the benefit of their practical discussions and criticisms, and I am therefore of the opinion that the provision for associate membership is a particularly wise one.

Fee Splitting

One of the reproaches of modern medicine has been the unscrupulous and conscienceless fee-splitting surgeon. It has brought undeserved censure and loss of public respect and confidence upon us all, and it seems to me that as a society we should set the seal of our sternest disapproval upon this practice. We can afford to do no less, and I trust the declaration of Section 3 will be adopted and enforced.

Eligibility

To many, Sections 4 and 5 may seem somewhat severe in their requirements for eligibility. Yet if this society is to do really meritorious work, work that is both scientific and practical, work that will give us a recognized place in surgery and gynecology, it is imperative that we select members whose training and experience qualify them to prepare and discuss papers of a character in keeping with the higher ideals we seek to maintain and which are also to be acceptable to the board of censors, as provided in Section 2 of Article IV. I commend this section to your careful consideration.

Consolidation

Of late years there has been more or less discussion as to the advisability of amalgamating this society with the Obstetrical Society. There are excellent reasons both for and against such action and my mind is open to conviction in this matter, but at present I am of the opinion that the best interests of both societies suggest that no such action be consummated.

Future Work

We should not only adopt the excellent recommendations of our committee on constitution and by-laws, but I think it possible for us to do more to make our annual sessions attractive if we were to try and arrange for one day of clinical work; a day so apportioned to members representing various types of special work in which surgeons and gynecologists are especially interested as to give variety and interest to the clinical program. We have members abundantly qualified to conduct such a clinic, in the capacity of either operator or teacher. Occasionally the sessions of the Institute might be held at a place where this is not practical, but in fully three sessions out of five it could be done. Case histories could be prepared in advance by some one designat-

ed by the local committee on arrangements. The assignment of cases to various operators could be made by either a special committee arranged by the President, or made by the board of censors, and the numerical strength of the Surgical and Gynecological Society in the Institute is such as to justify us in asking for sufficient space in the JOURNAL to have a report printed as to results. Such an addition to the program would be of undoubted interest to most of our membership. For instance, who would not be interested in having an opportunity to watch the methods of Drs. Lee and Bailey in handling carcinoma with Radium or Tho-Rad-X? Others would be interested in goitre, in gall bladder cases, or gastro-intestinal surgery; still others in renal, bladder, or prostatic troubles, and many more in various gynecological conditions.

I should be glad to have this matter taken up during the coming year to ascertain positively its possibilities. I think most of our members would feel honored by an invitation to conduct a clinic along such lines, and it should be quite possible to get suitable cases in almost any city in which the Institute is likely to meet.

After all, these matters of organization and government are only incidental to the growth and worth of this society. In the last analysis all depends upon its membership and whether you and I do our full and complete share in bearing its burdens. This, of necessity, means sacrifice and effort. Sacrifice of time, money, and at times of personal inclination, but it is worth it. With regulations that emphasize the elevation of surgical standards in personnel and papers, we should be able to do far better work in the future than in the past. If the papers presented at these meetings are of a type to interest, attract and instruct the surgeons of our school of medicine, they will come to our annual sessions, feel honored by invitations to write upon and discuss the surgical problems presented, gladly associate themselves as members, and by so doing increase the attendance at the sessions of this society and bring the weight of their influence to the advancement of the Institute ideals and achievements. We should remember that the American Institute of Homœopathy stands for all that is best in our school of practice, that its members have fought Homœopathy's battles for fully two-thirds of a century, that it is the oldest national medical society in this country, and that during all of that period it has been unceasing in its efforts to elevate the medical standards and practices of the profession.

It has been the leader in requiring longer courses in collegiate instruction and higher standards of clinical and didactic training before graduation. With this record to inspire us, can we, as the largest of the Institute's affiliated societies, fail to do all within our power to place the character of the membership and meetings of the Surgical and Gynecological Society on a plane in harmony with the ideals of our parent organization? Emphatically no. We must. We can. We will.

May I be pardoned, in closing, in saying that my heart is full of appreciation for the honor you paid me one year ago. I regard the presidency of this society second only to the presidency of the Institute itself, and I thank you most cordially. I trust and believe our meeting will be a successful one, one replete with splendid papers on practical and scientific subjects, followed by discussions free from acrimonious criticism and characterized only by an earnest ambition to find what is the best and safest. Discussions, I hope, will be brief and to the point, that our time be not wasted. I should be glad to have a rule passed limiting disputants to a certain number of minutes unless given special consent. May I not ask for our essayists the courtesy of freedom from unnecessary interruption? Give them the compliment of intelligent attention, even if the subject is not of paramount interest to you. And when we leave the session may we do so not only feeling that we have been benefited by what we have seen and heard, by contact with those we have met, but may I also hope that you will have registered a resolution to do all in your individual power to maintain and advance the interest and success not only of the Surgical and Gynecological Society but also of its parent organization, the American Institute of Homœopathy.

The Work of the Laboratory. The laboratory must take up and complete the work of Hahnemann and his followers. Hahnemann was the greatest scientist of his age, and I doubt not, were he here today, he would be one of the first to take advantage of any modern methods that promised to aid in establishing a fuller knowledge of drug pathogenesy. We already have a sufficient number of remedies recorded in our Materia Medica. What we need is a more complete knowledge of those we already have, instead of attempting to prove other remedies of, to say the least, questionable therapeutic value. Most of our remedies have been proven and reproven until it would seem that further reprovings conducted under previous methods could add nothing to our knowledge.—Cowperthwaite in *Pacific Coast Jour. Hom.*, June, 1916.

CLINICAL MEDICINE—CHAIRMAN'S ADDRESS*

By Daniel E. S. Coleman, Ph. B., M. D., New York

A belief held by some uninformed persons that a homœopathic physician pays little attention to diagnosis and that he is not the equal of his "old school" brother in this field of medical science has absolutely no foundation in fact. The truth is that the training in detail necessary to obtain a working knowledge of the homœopathic materia medica should develop an acuteness of perception difficult of acquirement by the dominant school. While it is true that some who devote their time exclusively to therapeutics neglect the science and art of diagnosis, this fault is not a specific one related to the so-called homœopathic materia medicist, but is common to all specialization in the great field of medical science. It is of the utmost importance to the successful practice of Homœopathy and to its proper establishment, that its practitioners should be diagnosticians as well as prescribers. It is a vital necessity that the teachers of materia medica possess sufficient diagnostic skill to enable them to instruct the students at the bedside in an intelligent and confidence-inspiring manner. This can only be done by a prescriber and diagnostician combined, one who has had the necessary preliminary training supplemented by extensive clinical experience. It is my custom to devote one clinic a week at the Metropolitan Hospital, Blackwell's Island, New York, to physical diagnosis. The unlimited material that this vast institution affords gives to the student an opportunity that no other hospital in this country can duplicate, and inspires greater respect for materia medica by dispelling the delusion that those interested in drugs pay little attention to what pathological conditions may be present.

In becoming specialists in any field of medicine great care should be exercised to avoid being what Dr. Krauss has expressed as a "contracted general practitioner." This is very apt to occur when one specializes too early in his medical career, and any attempt to relegate Homœopathy to the narrow ranks of a therapeutic specialty cannot be too strongly condemned. It is of tremendous importance to *all* physicians and surgeons, whether general practitioners or specialists, to understand the proper application of the indicated homœopathic remedy.

The great progress made in laboratory diagnosis should not cause us to become lax in our physical examinations. In develop-

*American Institute of Homœopathy, Bureau of Clinical Medicine, Baltimore, 1916.

ing technic in the laboratory, do not let us neglect to make ourselves competent clinicians. We must avoid becoming giants in the laboratory and "pygmies at the bedside." While it is true that certain tests, like the Wassermann, require special technic and the proper equipment, much of the every day work can be done by the practicing physician himself. We must also recollect that laboratory findings are as subject to error as are bedside diagnoses. Some will remember the urinary analysis report made by one of the greatest pathologists of an unlabeled ascitic fluid specimen. The clinician in this case was superior to the pathologist; he at least knew that the liquid was ascitic fluid and not urine. Such mistakes are liable to occur to any finite being and argue the necessity of taking advantage of all diagnostic methods. My contention is that the materia medicist should be a diagnostician, that *all* practitioners should know materia medica, and have sufficient knowledge in laboratory technic to make ordinary tests.

The dietetic measures existing in practically all hospitals show the crying need of reform in this great division of medical science. The poisonous, acid-forming diet of demineralized food, such as white bread, mashed potatoes, polished rice, white sugar, meat broths, etc., etc., proves how energetic should be the measures calculated to combat the dreadful conditions in this frightfully neglected field. I am afraid that in this day of prolific medical laws and individual organization classification of medical colleges, many important practical therapeutic necessities are likely to be neglected. Is it not a mistake to exclude materia medica from state examining board requirements? What is Hamlet without the Prince? What is clinical medicine without knowledge of medicinal therapeutics?

For me, as Chairman, to discuss the many new introductions to Clinical medicine during the past year, efficacious and otherwise, would take so much time that the reading of papers and the discussions would be seriously affected. Permit me to touch on one phase of this subject, however. I have found that there is a tendency on the part of certain members of the "old school" to appropriate, unintentionally, perhaps, in some cases, homœopathic therapeutic measures. Few have gone so far as our old friend, W. M. Storar, L. R. C. P., L. R. C. S., Ed., Mount Charles, Belfast. In his paper, read before the Ulster Branch of the British Medical Association, April 5, 1905, he describes the exact homœopathic principles, with the clear indications for a number

of remedies. He claims that they have at last discovered the true law of cure, but no mention is made of Hahnemann or Homœopathy. Here are a few extracts: "The therapeutic value of a drug corresponds exactly with its Pathogenetic, or disease producing, powers." "The key to therapeutics is Toxicology." "Every substance which can paralyze or kill any cell or cell protoplasm can also act in small quantities (on the other side of an indifferent point) as a stimulus to cell activity. The absolute quantities leading to such effects are," he says, "very different with different substances." These were quotations, the last taken from Max Verworn's "General Physiology—An Outline of the Science of Life."

I will simply quote Dr. Storar's remarks on one drug as a sample:

"Belladonna—in a physiological dose produces great dryness of the mouth and tongue extending down the pharynx and larynx, inducing consequently great difficulty in swallowing, together with hoarseness and tickling, dry cough.

"Dr. John Harley says he has employed it in several inflammatory diseases of the throat, and 'Its good effects,' he says, are most apparent when the throat and tonsils are acutely inflamed and much swollen. He says also, 'It is useful to moisten the tongue and control the delirium of fevers.'

"Dr. Handfield-Jones records in *The Lancet* a case of acute tonsillitis, which he cured with belladonna, and he remarks that most of the standard works omit to make any mention of its value in such cases.

"We know that belladonna will cause active congestion of the brain with violent excitement, illusions and delirium.

"Trousseau and Pidoux, the eminent French clinical teachers, say: 'Analogy, that guide so sure in Therapeutics, ought to lead us to use belladonna in the treatment of mania, inasmuch as belladonna taken in large doses produces a temporary mania, for experience has proved that a multitude of diseases are cured by Therapeutic agents, which seem to act in the same manner as the disease to which we oppose the remedy.'

"Sir W. Whitla says: 'Belladonna, stramonium and hyoscyamus have been used in the treatment of delirium tremens with varying success.'

"Waring, the eminent authority, says: 'In the delirium occurring in fevers and in erysipelas belladonna is often a more effec-

tual sedative than opium, and is often admissible when the latter is not.'

"The testimony of Trousseau, Pereira, Taylor, Handfield-Jones and Waring is clear and decided as to the power of belladonna to produce a scarlet eruption resembling that of scarlatina. And Waring says: 'The weight of testimony is decidedly in favor of its preventive action in scarlet fever,' and he quotes several authors in support of this."

Gould and Pyle's Cyclopedia of Medicine and Surgery speaks of Bryonia as follows: "It is a remedy of value in pleurisy, pleuropneumonia, and rheumatic fever, and an excellent remedy in colds." Hahnemann gave to the world the therapeutics of Bryonia. Before his time it was simply an infrequently used drastic emetic and purgative.

The following is taken from *The International Medical Annual*, for 1915:

"Lemon, after an extended use of phosphorus lasting over eleven years, warmly recommends its use in the treatment of *Pulmonary Disease*. It is very useful in pulmonary *Tuberculosis*, even when the disease is at an advanced stage. As a rule the phosphorus treatment increased the sputum for the first four to eight weeks, depending on the severity of the case. Thus, in early cases, the increase lasts for about fourteen days, but in advanced cases it may last for ten weeks or longer. Usually about the sixth week in an average case the sputum rapidly diminishes, and cough becomes harder. From this time on, the sputum rapidly diminishes till it ceases, the cough becoming harder till it is the only symptom left. At the later stage some hemorrhages may occur from slight rupture of the healing surfaces through the hard coughing. The general condition seems to improve also, and the patients increase in weight.

"Phosphorus is apparently also useful in acute and chronic Bronchitis and Pneumonia."

We all know from Hahnemann's provings and from other experiments that Phosphorus cures these conditions by reason of its homœopathicity.

The International Medical Annual reports under the heading of "New Treatment," good results from the use of *Droserin* in whooping cough. (H. Cramer, *Berl. Klin. Woch.*, 1913.) Drosera was proved by Hahnemann.

Chionanthus Virginica is mentioned as a liver remedy. Dr. E. M. Hale introduced it into homœopathic practice, claiming that

in all the diseases for which it was found curative it acted on the principle of similia. The proving of Dr. Scudder, which appeared in the *Eclectic Medical Journal*, May, 1876, established its homœopathicity. Many similar examples could be quoted, but time restriction forbids.

While we feel pride in the recognition of our principles, we wish them adapted and not appropriated. In other words *Hahnemann* and *Homœopathy* should receive their just credit.

That there is a marked movement towards the general acceptance of the law of similars no one can deny, and I have at present under my tuition a number of "old school" physicians. These men stand high in the profession, are scientific, studious seekers for truth in any form, men who wish to "prove all things and hold fast to what is good."

The chairman of this bureau feels just pride in the list of eminent contributors who are about to present papers of great interest and inestimable value in the continually advancing march of clinical medicine.

The limited time allotted requires a strict compliance to the rules governing the reading and discussion of papers, and I hope that no discussor will feel offended at being reminded that his time limit has been reached. Again, I would ask all to adhere strictly to the material of the paper under discussion.

I now have very great pleasure and honor in introducing the golden-tongued orators of the Bureau of Clinical Medicine.

Natrum Muriaticum in Diabetes. I have under observation a man, sixty-eight years old with tremendous financial responsibilities. There are two peculiarities; worrying and an excessive craving for salt. The removal of the salt, without any other dietary restriction of any moment, and the administration of natrum muriaticum, in the one-thousandth potency, once a week, for a period of three months, and then in the ten-thousandth potency, at rarer intervals, and finally in the fifty-thousandth potency has not only corrected the tendency to the formation of sugar in the urine, but transformed the dry, irritable skin to that of similar to the child. He is not gaining in weight because of responsibilites which cannot be shifted, but the mental irritability is greatly improved. This is not reported as a cure but for the purpose of showing what can be done with the homœopathically indicated remedy without marked dietetic restrictions. At the same time, it calls to your attention the possibility of salt contributing to cellular changes that may have an important bearing upon the diabetic diathesis.—*Pierson on Diabetes.*

CLINICAL RESEARCH*

By Fritz C. Askenstedt, M. D., Louisville, Ky.

The adoption by the Institute of the Bureau of Clinical Research is an added proof of progressiveness of the homœopathic school in America. It signifies that we are not to be satisfied with the attainments of the past, but that our art of healing shall keep pace, step by step, with the advance of medical science. Moreover, through this Bureau, research into fields not directly related to our law of cure is invited by the Institute, which claims that to the homœopath, no less than to any other physician, belongs all that pertains to the great field of medical learning.

It would, however, prove a misfortune, not only to our school but to medicine in general, if we should become so engrossed in exploration of other fields that our own ground should ultimately be abandoned through sheer neglect. My experience as chairman of this Bureau has been that reports on research work in homœopathy have been more difficult to secure than papers in almost any other line of clinical research, although there are vital problems in homœopathic therapeutics that still await solution.

The progress of old school medicine tends more and more toward a verification of the principles of homœopathy. Bacteriology has abundantly demonstrated the curative power of the similar remedy through stimulation of the reactive forces, and from time to time new revelations are made regarding the so-called specific action of antigens. "Weigert called attention to the fact that in the process of repair the tissues always manifest a tendency to exceed the absolute requirements for the restitution of structure, and Ehrlich applied this observation to explain the formation of antitoxin." Roux found that tetanus serum is antitoxic not only to tetanus toxin, but also to snake venom; while snake venom serum in turn proves active against scorpion poison. It is now generally admitted by pathologists that antitoxic bodies possess a certain latitude of action against toxins of a similar nature, and that this action is designated as specific only because its effective latitude is comparatively narrow.

The law of similia is no longer questioned by the research man of the old school profession. The difference between the homœopathic and the old school practitioner lies mainly in their views regarding the extent of the applicability of this law and the methods of its clinical application. The use of autogenous

*Chairman's Address, Bureau of Clinical Research, A. I. H., Baltimore, 1916.

vaccine is to the physician of the old school a perfectly rational procedure, while to the average homœopath the observance of symptom-similarity seems a method of treatment much more effective. In both instances is attempted the application of the simillimum.

Similarity is a comparative term. It may be so complete as to obliterate all perceptible differences, or it may be so slight as to fail of recognition. Too close a similarity has been shown to produce an unfavorable negative phase of action, while at the other extreme reaction against the disease must fail almost completely. Somewhere between these extremes there is a degree of similarity which, in accordance with the law of cure, is most effective in arousing Nature's curative efforts. Just where, on the lateral scale of reactions, this degree of similarity is located is a matter for future research worthy of the efforts of this Bureau. Comparative tests with various biological products, as vaccines, phylacogens, etc., and the ordinary symptomatic remedies would bring us at least one step nearer this goal.

Therapeutic accuracy is to be attained by (1) a correct diagnosis; (2) a thorough knowledge of drug action; (3) a reliable method of selecting the remedy; (4) proper dosage and administration.

By a correct diagnosis is meant not merely proper designation of the disease by an accepted nosological term, but an intelligent interpretation of the meaning of the symptoms. Since death and recovery have proven to be so largely a matter of individual susceptibilities, the individualization of cases is finding more and more emphasis. Not only in this respect have Hahnemann's teachings been vindicated, but recent progress made in pathology and diagnosis has converted therapeutics from empiricism to rationalism, and has amply demonstrated that the basic principles of homœopathy are founded on natural law.

An appeal for a more thorough investigation of drug action has gone out from this Institute during the last two decades, and the response by our colleges in up-to-date provings is full of encouragement. This, however, is only an insignificant beginning of the work of reproving and readjustment of our entire materia medica, that necessarily sooner or later must come. To the importance of this work our profession seems now to be aroused, and with the advent of paid provers in specially equipped institutions, drug provings will enter a new era.

That our present method of selecting a remedy is far from

satisfactory was plainly brought home to me, some years ago, by the following tests: Six chronic cases apparently cured, or relieved for a considerable time, with the single homœopathic remedy were reported with as much detail as possible to the members of the Falls Cities Homœopathic Medical Society, each member present being requested to write upon a slip of paper the name of the medicine which in his opinion had effected the cure. For the first case seven slips were collected and four different remedies were designated; for the second, eight slips and four different remedies suggested; for the third, nine slips and six remedies; for the fourth case, eight slips and eight different remedies; for the fifth, fourteen slips and nine remedies; for the sixth, eleven slips and eight different remedies designated. This lack of uniformity in the selection of the homœopathic remedy is the result of prescribing upon pure symptomatology, and it is apparent that with the increase of symptoms accruing from each reproving of a remedy the confusion will become aggravated. It is a well-known fact that the symptomatology of those remedies which have the most extensive provings has become so large as to cover an unreasonably large proportion of clinical cases when the method of prescribing used is merely a mechanical covering of disease symptoms with drug symptoms. Since symptoms are mere expressions of disturbed cell function, it is the latter that should be reached by the remedy, and this may best be done by an orderly arrangement of the symptoms, both those of the disease and those of the remedy, into their pathological equivalent. To apply pathology to pathology, through an intelligent symptomatology, seems the ideal method of homœopathic prescribing, and it remains for the Institute to work out the exact method that is most feasible and effective.

The introduction of infinitesimals in homœopathic dosage has probably done more than any other single factor to debar our school from official and a more general public recognition. If such dosage can really be proven to be potent, we have nothing to regret, but doggedly to adhere to a practice just because it has once received our official sanction is incompatible with the spirit of scientists. Since the question of dosage cannot be settled by personal opinions, a needed service would be rendered homœopathy if upon the basis of conclusive research, such as conjoined tests and legitimate reasoning, this Bureau should undertake to investigate the matter of homœopathic posology.

To say that homœopathy, as conceived by its founder a cen-

tury ago, needs no re-investigation, no research, is to commit our school to an unreasoning faith. To say that the difficulties and the uncertainties to be met in clinical research are too many and too formidable for practical advancement, reflects a state of apathy or faint-heartedness that can further no enterprise. To be conscious of our imperfections and eager to abolish them offers our only hope of keeping in advance of the progress made by the therapeutics of the old school, which more and more is invading our own territory.

Many of the points here indicated will be brought out in the reading of the papers to follow, and as far as time will permit, you are all, laboratory worker and clinician alike, earnestly requested to contribute of your store of knowledge to a free and dispassionate discussion of the subjects presented, and especially of such questions as seem relevant to the progress of our healing art.

Color Photography. To medical men color photography will be of interest. For instance, there are physicians who make a study of objective symptoms rather than subjective symptoms, who can by the expression of the face, the contour, make a tentative diagnosis of possible trouble. You all are familiar with the hippocratic expression at approaching death; you are familiar with the appearance of obstructed common duct; the bronze of Addison's disease; the peculiar expression of the face in pernicious anemia; the cachexia of malignant disease; and I might cite a half dozen other diseases or conditions in which close objective observance is of great value in tentative diagnosis. Color photography will aid the student in clearing up the diagnosis in these as in cases of erythema and other exanthemata. Many students in college never see a case of small-pox or German measles.

In cases of railroad accidents, or automobile accidents, color photographs could be taken of the exact extent of the lesion, and at trial such a picture would undoubtedly make a deep impression on judge and jury.

The technic of color photography is rather involved. You will need a Cook's lens, the proper photographic apparatus, and a green and red screen, with which by proper exposure two plates are taken. The great difficulty in taking these pictures is to keep the patient absolutely immobile, so that the face does not change expression. It is difficult to hold the expression for six seconds or ten seconds as you have to do in certain conditions. After the plate is exposed, it is developed in the usual way, and then comes staining, which in my judgment is the most interesting of all. Two distinct plates are stained red and green respectively, placed in juxtaposition so as to get the plastic effect. Then through the effect of the green and yellow, and green and red rays we get the play of colors, and the end effect. —*Dieffenbach, 1915 Session.*

THE PRESENT STATUS OF INFANT MORTALITY AND THE LOOK FORWARD*

By Francis H. MacCarthy, M. D., Boston

Something like two and a half million children are born in the United States in a single year. It is variously estimated that between two hundred and fifty and three hundred thousand of these babies die during the first twelve months of life. Nearly two hundred thousand more die during the next four years, so that over four hundred thousand of the two and a half million die during the first five years of life. This is heavy campaigning surely. Few great wars take such heavy toll of human life. The figures become still more impressive when it is considered that this tremendous sacrifice of child life is not the record of one year only, but of every year, and has been going on for decades. Such losses at the very beginnings of life can be regarded as nothing less than a national calamity, since they represent an economic waste of hundreds of thousands of potential citizens having boundless possibilities of helpful achievement for home and country.

In the light of the splendid advancement in the industrial arts, and the marvelous development of natural resources, it seems incredible that a great nation could have so long remained dormant and neglectful in regard to the protection of the country's greatest resource—men and women in the making. In ten years the nation had lost nearly three million babies under one year of age. The facts gradually found their way into the newspapers, national consciousness was aroused, and the excessive infant mortality became recognized as a great national problem of vital importance.

In the year nineteen hundred and ten from twenty to twenty-five per cent of all deaths occurring in different sections of civilized countries and under widely different conditions, were of babies under twelve months of age. Considering the mortality records of this country only, it appears that in the period 1906 to 1910, in the sixty largest cities of the United States, deaths under one year averaged 19 to 20 per cent of the total mortality. Statistics for the year 1915 show that infant deaths average between 17 and 18 per cent of the total mortality in these same cities. Thus, in New York City infant deaths constitute 18.2 per cent of the total mortality; in Boston 17 per cent, in Buffalo 20 per cent,

*Chairman's Address, Bureau of Pedology, A. I. H., Baltimore, 1916.

in Chicago 17.9, in St. Louis 11.8, and in Los Angeles 9 per cent.

Of fifty cities in the United States having a population over one hundred thousand Fall River, Mass., one of the large manufacturing cities of the East, and having a population of about 120,000, has the highest percentage of deaths under one year, 31.9 per cent of the total mortality.

Many of the large manufacturing cities have high infant death rates. In the city of Lowell, Mass., infant mortality is 25.3 per cent of the total number of deaths; in New Bedford 28.8 per cent, and in Lawrence, Mass., 28.2 per cent. Many of the mothers are obliged to work just before, during and very soon after pregnancy, bottle feeding is common, and the babies get little maternal care.

Omaha, Neb., has the lowest infant death rate of any of these fifty cities, the rate for the year 1915 being 47 per 1,000 births; 7.3 per cent of the total deaths were infants under one year. Omaha has a population of 124,000, a general death rate of 11.7, and infant mortality has decreased from 118.8 per 1,000 births in the period 1906 to 1910, to 47 in 1915. Omaha is recognized by the Bureau of the Census as a registration city.

The statistical report of a survey of infant mortality of 144 United States cities recently completed by the New York Milk Committee shows that Passaic, N. J., having a population of 55,000, has the highest infant mortality, the rate being 193 per 1,000 births. The total mortality was 904, 385 of this number of deaths being infants under one year of age, or 42.6 per cent. Other high rates are 37.9 per cent for Perth Amboy, N. J., and 33.8 per cent for Lorain, Ohio.

Of the 144 cities those having the lowest infant mortality are the residential cities having populations from twenty to forty-five thousand, where live people well-to-do or wealthy, where health and infant welfare departments are well organized, and wealth purchases ideal living conditions. Such cities are San Diego, Cal., where infant deaths constitute 5.3 per cent of the total number of deaths; Brookline, Mass., 6.1 per cent; Berkeley, Cal., 8.9 per cent; Newton, Mass., 13 per cent, and Montclair, N. J., 13.9 per cent.

Of the 144 cities five had infant mortality rates of 50 and less per 1,000 births, twenty had rates of 70 and less, and fifty-nine had rates of 90 and less. Seventy-four of the cities had a rate under 100 per 1,000 births.

How do infant mortality rates in the United States compare

with those of European cities? Comparing the statistics for the year 1913, which are the latest available, we find that of thirty-four of the largest European cities twenty-one have a rate over 120 per 1,000 births. Of the thirty-four largest cities in the United States there are only nine having a rate over 120. The following table compares the rates of European and United States cities:

TABLE I. COMPARATIVE INFANT MORTALITY, CITIES OF EUROPE AND UNITED STATES, PER 1,000 BIRTHS.

EUROPEAN CITIES.		UNITED STATES CITIES.	
London	105.4	New York City	102.
Paris	99.3	Philadelphia	112.7
Berlin	137.3	St. Louis	99.5
Glasgow	128.3	Boston	107.
Vienna	156.	Cleveland	145.8
Birmingham	128.9	Detroit	132.7
Edinburgh	97.7	Seattle	66.2

The highest rates for Europe are found in Russia, where in some districts, half the children born die during the first year. The rate for Moscow is 278.7. The lowest rates are found in Copenhagen, 102.7, and Stockholm, 66.5. Altogether, it may be said that infant mortality in the United States compares more than favorably with that in European cities and countries.

Coming now to the direct causes of infant mortality, and the relative influence of each of the disease groups, the principal causes are shown in the table below, and represent the latest statistics obtainable from the Federal Government:

TABLE II. PRINCIPAL CAUSES OF DEATH DURING THE FIRST YEAR OF LIFE, REGISTRATION AREA OF THE UNITED STATES, 1913.

CAUSE OF DEATH.	NO. OF DEATHS.	PER CENT.
Congenital Deb.	52,865	33.16
Diseases of Dig. Sys.	43,243	27.12
Dis. of Resp. Sys.	25,274	15.85
Malformations	8,813	5.53
Contagious Dis.	6,621	4.15
Dis. Nerv. Sys.	6,047	3.75
Injuries at birth	5,131	3.21
Tuberc. (all forms)	2,353	1.47
Syphilis	1,894	1.18
Ill-defined Dis.	3,134	1.96
All other causes	9,495	6.

Looking at this table one is impressed at once with the great importance of the first three groups. It will be observed that these three constitute over 75 per cent of the total infant mortality, and in the same order they also influence the mortality statistics of the large cities.

It is often very difficult to get at the real cause of death. Although mortality records are becoming more and more complete, many death certificates are improperly filled out. Very frequently the return made to the health department covers only the last thing which happened to the child. Thus, the health certificate may give the only cause of death as acute gastro-enteritis, when a condition of marasmus had existed for months before the final few days of acute illness, and was the most important factor.

Briefly let us glance at each of the three groups separately. It will at first be noticed that Congenital Debility, Prematurity and Marasmus stand pre-eminently at the head of the list as causing the largest number of deaths under one year, 33 per cent of all deaths being due to this cause. Over one-half the mortality of the first month of life, and a third of the fatalities of the first year, are due to this group. Of this number 15,880 lived less than one day, 29,000 less than one week, and 37,783 less than one month. About half these infants die of premature birth, or a feebleness at birth, which does not permit of separate existence.

It is estimated that one birth in every six the world over is premature. It is interesting to consider the influences and conditions of national life productive of prematurity and weakness at birth. The causes are in many cases fundamental, and have to do with the life of the people. Syphilis, alcoholism and lack of maternal vitality due to faulty early training are some of the factors.

Deaths due to diseases caused by some fault in nutrition are also included in this first group. Such disorders are inanition, malnutrition and marasmus, and are very largely concerned in producing the heavy infant mortality of large cities in the summer.

This brings us to the second large group, Diseases of the Digestive System, 43,243 deaths, or 27 per cent of the total mortality being due to these diseases. Unsanitary living conditions, lack of care, faulty methods of feeding, and undoubtedly congenital weakness in many cases, are back of the digestive disorders. Probably artificial feeding is the most important factor. The most ignorant mother can usually successfully nurse her infant; breast feeding requires practically no experience, but artificial

feeding requires considerable intelligence, much care, and that which is often unobtainable, money to purchase suitable materials and clean milk.

The third group comprises the acute diseases of the Respiratory System, which are responsible for 25,274 deaths, or 15.8 per cent of the total infant mortality. Overcrowding in poorly ventilated rooms is a very important factor in causing these diseases. The largest number of fatalities occur during the third week of life. Malformations of the heart, intestines, etc., which render the continuation of life impossible, were responsible for the deaths of 8,813 infants, the mortality being 5.5 per cent of the total. Most of the deaths occur during the first week, and the number of deaths from this cause have almost doubled since 1910.

A study of the mortality due to contagious diseases shows that the number of deaths in 1913 is about the same as that of 1910, which would suggest that they are fairly under control, but that there is still much to be done in the way of better housing, improved sanitation, and school inspection that is, something besides a name, and not the spoil of politicians.

Syphilis is reported as having caused 1894 infant deaths, 1.2 per cent of the total infant mortality being due to this cause. It is well known, however, that many deaths attributed to prematurity, marasmus and congenital debility, are in fact due to syphilis, and I believe if all the infant deaths and antenatal mortality could be accurately accounted for, the infant death rate from syphilis would be much larger. Gerrish, in his book on "Social Diseases," estimates that 10 per cent of the population of New York has syphilis, and that 80 per cent of it is acquired between the ages of 19 and 35 years, the reproductive period. Ten per cent would mean that there are something like 475,000 cases in New York City alone. Fischer estimates that 18 per cent represents the number of luetic cases in the United States, and he further states that there are 250,000 deaths each year due to syphilis. Osler puts syphilis in a class next to tuberculosis as a death dealing agent.

To my mind one of the most interesting investigations as to causes of infant mortality was made by Dr. J. Whittridge Williams, Professor of Obstetrics in Johns Hopkins, somewhat over a year ago. He made a study of the causes of fetal deaths which occurred in 10,000 consecutive admissions to the obstetrical department of Johns Hopkins Hospital. The investigation was very

thorough, every one of the 10,000 afterbirths being subjected to microscopical examination, and nearly 90 per cent of the 705 deaths were subjected to autopsy, thus obtaining the cause of death with more than usual accuracy. The most striking feature of the investigation was that syphilis was by far the most common etiological factor concerned in 705 fetal deaths, 26.4 per cent being caused by this disease. Furthermore, microscopical study of the placenta showed that 350 syphilitic children had been born of the women under consideration. This investigator regards syphilis as the most common single cause of fetal death. Altogether, the evidence piles up that syphilis is the real hobgoblin with fangs, horn and claws, that destroys infant lives.

Right here seems a good place to mention the work of another investigator at Johns Hopkins, Dr. Mall, Professor of Anatomy, who, in his earlier studies regarding the development of the human embryo, estimated that the frequency of stillbirths was one-third the number of live births, but the closer his observation, and the longer his experience, the more confidence he has that the incidence of stillbirths is at least one half the number of live births; that is, for every thousand live born children, there are at least five hundred born dead.

If syphilis is the most common cause of antenatal mortality, then it must be the cause of a very large postnatal mortality, for the same causes which effect the fetus influence the new born infant.

In the light of all the facts, what do they suggest in the way of constructive effort, and what is the outlook for the future?

First, the splendid work accomplished in the short space of time covered by the last ten years, demonstrates beyond question that a very large number of infant deaths can be prevented in a relatively short time, without very great effort, and at small expense.

Second, the marked reduction in infant mortality during the last ten years, has been accomplished very largely by the decrease in the number of deaths due to diseases of the digestive system, while the mortality due to congenital debility and diseases of the respiratory system, although somewhat reduced during the last two or three years, still remains disproportionately high. The reduction in the death rate due to digestive disorders is very encouraging, but these diseases still remain the second largest factor productive of excessive mortality.

Prenatal and follow-up work will decrease the number of these

deaths. Infant welfare work has increased breast feeding, but there are still too many women who discontinue nursing far too soon, often without good reason, and I am sorry to say that the doctor is too often to blame for this.

Third, that prematurity and weakness at birth are the chief causes of infant mortality, that they take heaviest toll of babies of native born mothers, and that syphilis is the chief etiological factor in causing antenatal deaths, demands large endeavor along prenatal lines of work, and earnest investigation as to the causes of these antenatal deaths.

Fourth. Infant welfare work has as yet produced little reduction in the mortality due to diseases of the respiratory system, the third largest cause of infant mortality. The death rate due to these diseases is by far the highest among infants of Italian mothers, probably due to the fact that most of the Italian people who come to our shores are from southern Italy, where they live, work and play much in the open; on coming to our large port cities they crowd into dark, poorly ventilated city tenements, and during the cold months shut themselves up in window-closed rooms. As the nurses from welfare stations and social centers extend their visits more and more into the crowded districts of our large cities, teaching the people that light, air and cleanliness are necessary for the rearing of healthy babies, the mortality from these diseases will be reduced. We may also hope for, and endeavor to develop an enlightened public conscience which will demand the destruction of the dark, rat-infested, noisome rookeries in our large cities, where many of these people live.

And who can measure the tremendous social significance and educational value of the tireless and unselfish work which is being done by welfare station nurses and doctors all over the country? The work is very practical. The nurses, visiting the mothers in their homes, get at fundamental conditions. They are able to remedy many faulty methods and conditions of living themselves, and the work has become so thoroughly organized that the more complicated causes receive the attention of cooperating agencies. Over 53,000 visits were thus made by the fourteen nurses connected with the Boston Baby Hygiene Association last year. Each home visited becomes a centre in the community for the dissemination of knowledge, which makes for better mothers, better fathers and better homes.

The New York Milk Committee sound a militant note when they say on their 1916 Survey of Infant Mortality, "No com-

munity with an infant mortality of over 50 per 1000 births can claim that its babies are getting a square deal."

The present infant mortality is a blot on the national escutcheon. No town, no state, no nation, can afford to tolerate the faulty conditions fundamental to heavy losses of infant life.

The average cost in Boston of the preventive work done by the nurses who encourage and teach the mothers in their homes, is ninety cents per month.

It is safe to say that no great work for social reconstruction can be done with less expenditure of time and money, and with more certainty of obtaining far-reaching benefit for the up-building of the race.

A FEW THOUGHTS ON DISEASES OF THE RECTUM AND THEIR TREATMENT BY CONSERVATIVE AND RADICAL METHODS WITH CITATION OF CASES*

By Harold Edmund Dunne, M. D.

Proctologist National Hospital Dispensary, Washington, D. C.

Mr. President, Members of the Society:

The title of my paper, being rather general in character, allows me considerable latitude and will therefore enable me to touch on a number of phases of the subject, thereby giving something of interest to a greater number of those present than by dealing with some one particular proctologic entity. Owing to the short space of time in which to prepare a paper for this meeting, it is impossible for me to present the results of extensive research, statistical information or authoritative quotations. Therefore my deductions and elucidations must be to a large extent dependent upon my personal experiences.

There is no class of diseases that demands more careful and conscientious treatment than that of the anorectal region. Unfortunately these conditions are often neglected and symptoms passed over that, had they occurred in any other part of the body, would have received a most rigid investigation. It is a matter of fact that conditions varying from inoperable carcinoma of the sigmoid involving adjacent organs to minute cutaneous excrescences some distance from the anal margin have all been labeled with the ready-made and occult diagnosis of piles. This

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frequent lack of interest in diseases of the anorectal region is due in a large degree to the inadequate teaching of the past, for we must remember that it is only in recent years that proctology has received anything like proper consideration at the hands of the medical profession.

The examination of rectal patients is an art only acquired by long experience and practice. The educated finger can elicit a wonderful amount of information, while the skillful use of the speculum, proctoscope and sigmoidoscope can give actual ocular demonstrations of lesions otherwise hidden from our knowledge. In a paper[1] read by invitation before the Prince Georges County Medical Society of Maryland, last October, and subsequently published in the *Maryland Medical Journal,* special importance was placed on the necessity for a thorough examination of the rectum being made in all suspected cases by the general practitioner. It is only by an early examination that diseases in the anorectal region can be caught in their incipiency; in any event, valuable time and suffering can be saved and complications avoided. Allow me to repeat that every patient with rectal or perirectal objective or subjective symptomatology demands a painstaking and systematic examination of the rectum and adjacent organs. Furthermore, owing to the frequency of reflex manifestations, depending upon a complex reciprocal nervous organization, the rectum should always be carefully examined in other affections that are very resistant to apparently well applied measures of treatment. For example, pains similar to hip-joint disease, sciatica, rheumatism of the lower extremities (articular and muscular), colic, lumbago, apparent uterine and prostatic involvement have all been simulated reflexly by lesions of the anus and rectum. Again, the rectum seems particularly sensitive at times to diseased states in adjacent organs, and even remote portions of the body, and it frequently becomes necessary for us to exclude rectal disease by examination, in the presence of distressing sensations referred to that organ.

Certain observers have pointed out from time to time that rectal disease often affects a number of the members of the same family. The grandfather, the father and his sons are often sufferers from hemorrhoids, constipation, etc. The question of the part that heredity plays in these cases has been discussed, certain writers admitting the influence of heredity, others denying the possibility of such a cause. Personally, it does not seem

logical or possible that rectal disease in itself can be transmitted from parent to offspring.

My own observations have led me to believe that a certain anatomical conformation of the muscular elements in the ano-rectal region seems to be passed along from generation to generation by inheritance. Consequently, those individuals having well developed, at times even powerfully acting, sphincter and levator ani muscles are very much more liable to rectal disease, owing to the greater resistance to defecation, and therefore greater liability to injury of the outlet. In other words, the greater the muscular development of the sphincter muscles, the greater the liability to trauma, to constipation, to extrusion of the mucous membrane, to impairment of circulation. This means venous stasis, consequent congestion, and ultimately inflammatory conditions, and a host of remote symptoms circulatory, nervous and mental in nature, to say nothing of the pernicious effects on the alimentary tract as a whole.

Personal observation and experience over a period of fifteen years have borne out these facts. I can confidently say that rectal disease, *per se*, is never inherited, nor is there a predisposition inherited, as we understand in other diseases; for example, the predisposition to tuberculosis. However a certain muscular conformation is inherited, which in itself is the potential possibility and liability to diseased states of the anus and rectum.

Let us now consider the most common of all rectal affections; namely, hemorrhoids. What a measure of suffering, what a volume of time has been taken out of humanity by this nerve-racking, depleting, pathological complex of pain, bleeding and protrusion. And what a multiplicity of remedial measures has been proposed to cure these tormentors of the race. Burning, clamping, crushing, ligating, excising, and so on *ad infinitum*. At one extreme we find Whitehead advocating the complete removal of a portion, or circular cuff, of the mucous membrane and terminal veins; while at the other extreme are those who believe the hemorrhoidal excrescence to be a divine affection to which we should bow in silent submission.

A certain percentage of cases requires some one of the radical operations. But fully 85 per cent of these patients can be treated successfully by the improved injection method, otherwise known as the method of interstitial invasion.

The usual classification of hemorrhoids as external

and internal is, in my opinion, inadequate, as it is not always descriptive of conditions as we find them, and is liable to result in errors of diagnosis and improper treatment.

In one of my previous articles a recommendation was made to classify hemorrhoids by the nature of their covering; i. e., skin, or mucous membrane, rather than location.

My reasons for this recommendation can be explained to advantage by a quotation from the article mentioned:

"Internal piles originate above the external sphincter muscle, but may be found external to that muscle, according to the stage of their development and condition of the muscle. Conversely, external piles may be found above the external sphincter muscle when associated with internal hemorrhoids of large size and a general laxity of the anal tissues, the internal hemorrhoids being held above both sphincters, thereby drawing up external hemorrhoidal tissue within the anal canal. Hence location is not always a safe guide in making a diagnosis or applying treatment, while the nature of the covering of the tumor gives its true identity and previous history."

The improved injection method of treating hemorrhoids is not only conservative but scientific and ethical. All objections to the old injection method have been overcome, and in selected cases the results are all that could possibly be desired; absence of pain and danger, no sloughing, or abscess formation, and a smaller percentage of recurrences than with any of the accepted methods of treating hemorrhoids. For a more complete exposition of the method, allow me to refer those interested to my paper[2] on the subject, published in the *Virginia Medical Semi-Monthly*, April 23d, 1915.

To illustrate the results of this method, permit me to cite a typical case:

J. W. S., male, age 33, Government map printer by occupation, referred by Dr. E. B. Behrend, of Washington, D. C. Patient had rectal symptoms for past ten years, consisting of constipation, pain and protrusion at stool, with a feeling of weight and discomfort in the rectum. Examination showed an irritable and hypertrophied sphincter and internal hemorrhoids in the second stage of development. Proctoscopic examination revealed a catarrhal sigmoiditis and proctitis. The sphincter was carefully stretched under nitrous oxid and the hemorrhoids treated by the method of interstitial invasion. In a few weeks the constipation was markedly improved, bowel movements quite com-

fortable, and no protrusion. Final examination showed the total absence of any hemorrhoidal tissue. The proctitis and sigmoiditis were subsequently cured by direct medication and diet.

Leading authorities and proctologists in this country and abroad use and recommend the injection treatment in selected cases. If an occasional quack uses or attempts to use the method, it is just as illogical to condemn the method, as it would be to condemn urinary analysis, because unethical practitioners at times make examinations of the urine.

A method should never be condemned simply because its application was made by an incompetent operator or an insufficiently taught pretender. Upon careful investigation we frequently find that the failure in a given case is more often due to undeveloped skill, than to unsoundness of the principles involved. Condemn the results of these operators if you will, but spare the method. Let the crucial test of time and clinical experiences influence your ultimate decision. The injection method properly applied, in selected cases, using the technic of interstitial invasion, is here to stay because it gives results.

Strangulated hemorrhoids often mean a week in bed and frequently end up in the hospital for a radical operation, which is usually necessary if sloughing or gangrene has ensued; the clamp and cautery being the method of choice, in my opinion, in these cases. However, if the case is seen early enough, this distressing picture of strangulation, protrusion, edema, and general "knockout" can be quickly transformed into tranquility and gratitude. The citation of a case will serve to illustrate the point:

H. A. H., lawyer, male, referred by Dr. A. O. Etienne, of Berwyn, Md. When first seen by me the patient was suffering with complete strangulation of well developed hemorrhoids, a mass as large as one's fist having been external for several days. A few breaths of nitrous oxid gas were administered and the mass replaced above the sphincters. The same afternoon the patient went for a walk for over an hour with his wife and children. A few days later the method of interstitial invasion was begun as easily as if strangulation had never existed. Consider the item and suffering saved by a procedure of this kind.

A few words regarding the Whitehead and other similar operations for the radical cure of hemorrhoids. This seems to be an unnecessary and unwarranted mutilation of the parts, when simpler and safer methods insure such brilliant results.

The complete removal of the pile-bearing-inch and the suturing of the bowel to the anal verge, for the cure of hemorrhoids, is like using a sledge hammer to crush a butterfly. Furthermore, the complete removal of the mucous membrane of the "lower inch" is unscientific and leaves the parts in an abnormal condition. Frequently there is a retraction of the severed bowel, the sutures tearing out of the delicate mucous membrane, and a distressing and dangerous condition results. Certain delicate sensory nerve endings of the rectum are often destroyed, and the inability to know when a stool is being passed frequently results, which, to say the least, is a deplorable condition of affairs. In addition, the greater liability to infection and greater danger of hemorrhage are against this surgical irrationality. I have personally examined a number of these post-Whitehead unfortunates, and their suffering is pitiable in the extreme. Chronic ulceration, stricture, incontinence of feces, loss of the rectal sense of approaching stool, violent pruritus, have all been observed in my experience. Of course, this operation is sometimes a success, but my contention is that it is unphysiological and an unnecessary risk for a condition that can be cured by methods far more safe and certain.

A few thoughts concerning pus collections about the rectum: Hot or cold applications for the purpose of aborting suppuration are worse than useless—they are positively dangerous; delay in the treatment of abscess in the anorectal region is not only un-surgical but absolutely unfavorable; excessive burrowing of pus deposits are very common in this locality, owing to the loose cellular structure of the parts and the exceedingly tough integument; early and free incision, according to the recognized principles of technic, and the establishment of free drainage is the only treatment of abscess in this region worthy of consideration.

To illustrate the beneficial results of catching these cases of abscess in their incipiency, the following case is instructive:

C. K., male, age 18, Department messenger, referred by Dr. G. C. Birdsall, of Washington, D. C., some years ago. For several days patient had pain in rectum before, during and after stool; no blood, nor protrusion. Examination showed a submucous collection of pus just above the external sphincter. Immediate incision and injection of the tract resulted in cure without the formation of fistula, which is so common in these cases.

The Whitehead operation has been recommended for the

treatment of these submucous fistulæ by prominent surgeons, though, as a matter of fact, simply laying open the tract is often sufficient to cure. Simplicity of method usually means efficiency. The redundancy of effort, manifest in the doing of a Whitehead operation for a submucous fistula, is an example of the opposite of this idea.

Fistula is one of the most difficult diseases of the rectum to cure. Actually there is no more difficult task in the domain of surgery, than the operating and reconstruction of a complex anorectal fistula. At times all the ingenuity of the proctologist is taxed to the utmost to master one of these pathological complexities.

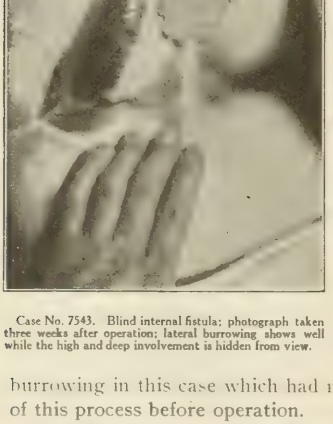
The recitation of a few cases of fistula should prove interesting:

Mrs. V. N., referred by Dr. S. M. McMillan, of Riverdale, Md. Patient had a so-called blind, internal fistula for several years; internal opening was between the sphincters; left anterior. The tract passed through the perineal body and the probe could be felt near the vulva. A Baltimore proctologist had advised operation, which had been refused. After several weeks of treatment the fistula was closed by the repeated injection of a modification of Beck's Paste.

The openings of internal fistulæ are usually below the internal sphincter. Rarely are they above the internal sphincter. A case referred to me by Dr. Francis H. Minor, of this city, was one of these exceptions, the opening being well above the internal sphincter, the tract having worked down behind a portion of both sphincters, so that a hooked probe inserted into the tract could be made to bulge near the anal margin. The after treatment of this case proved more difficult than the operation. The patient, however, made a complete recovery, with perfect control.

J. C. M., male, referred by Dr. Lyman B. Swormstedt, will serve to show the difficulties of a complex internal fistula. Patient had severe pain and tenderness over the coccyx of a neuralgic-like character; no apparent rectal symptoms. Not obtaining results from the treatment given for the coccygodynia, Dr. Swormstedt examined the rectum and observed free pus. The case was then promptly referred to me for treatment. The internal opening was large, and between the sphincters posteriorly. A probe demonstrated a deep and large cavity posterior to the rectum. Suspecting a possible tubercular condition, the pus was

examined by Dr. G. C. Birdsall, but no tubercle bacilli were found, the predominating bacteria being the usual colon bacillus. Under ether, the main tract was laid open, back to the coccyx, which was necrotic, two segments being involved. A deep lateral burrowing extended under the right buttock for a distance of five inches, which was also laid open freely. A high ranging tract passed above the internal sphincter. Considerable tissue had been destroyed. The tracts were thoroughly curetted, the necrosed bone being removed and the co-existing third stage hemorrhoids removed by ligature. The patient had no pain whatever at any time following the operation, and at the present writing is about three-fourths healed. The photograph will serve to give some idea of the extensiveness of the hidden destructive burrowing in this case which had no external visible evidence of this process before operation.



Case No. 7543. Blind internal fistula; photograph taken three weeks after operation; lateral burrowing shows well while the high and deep involvement is hidden from view.

The frequency of sigmoid adhesions, especially with the uterus, in cases giving a history of chronic constipation or typhoid fever, is significant. Extending over a considerable period of time, I have observed many cases of this nature. One very characteristic symptom is left-sided pain when straining at the stool. These adhesions of the sigmoid may often be stretched and broken up by repeated introductions of the sigmoidoscope, and by swaying the instrument from side to side, combined with air inflation. Excellent results have been obtained in a number of cases by the use of this method.

A partial sagging or prolapse of the sigmoid is often the cause of a most obstinate and unrecognized form of chronic constipation, which is aggravated by the usual laxatives. Air inflation with the sigmoidoscope is helpful, and tamponing the sigmoid and ampulla is of great value. The various electrical modal-

ities correctly applied are of considerable value in this form of constipation, to restore tone and increase nutrition.

The association of constipation and colitis with ulceration is often a difficult chronic condition to overcome. The constipation must be cured to cure the colitis, while the active treatment for the constipation aggravates the ulcerated and inflamed colon.

A case of this nature is under my treatment at the present time. The patient, a young woman of 23, Miss F., referred by Dr. E. G. Mitchel, of Washington, D. C.

The rectum was thoroughly dilated so as to facilitate drainage and overcome sphincterismus, thereby removing the greatest hindrance to successful therapy. A carefully selected diet and cessation of all active anticonstipation measures, with the exception of an occasional mild laxative or oil injection when necessary, was ordered. Internally, pulsatilla was prescribed, and small doses of high grade olive oil. Under this treatment the patient is improving. After the symptoms of active inflammation of the colon, such as pain, mucus and blood, have subsided, more energetic measures may be needed to complete the cure.

Internal medication, while very valuable in intestinal conditions, does not give the results, when prescribed in rectal conditions, that one would wish. The reason for this is apparently that the terminal end of the intestine, the anorectal region, is controlled by the mechanics of the sphincters. Sphincterismus and the concomitant condition of hypertrophy is a mechanicopathological condition that is beyond the pale of internal medicine. Rectal medication, with well selected remedies in the form of ointments and suppositories, while often valuable as palliative measures, is seldom curative.

The cutting of the sphincter in the treatment of fissure and abscess is totally unnecessary, in my experience. The proper stretching of the sphincter, without producing paralysis, is sufficient to cure fissure. The partial or complete severance of the muscle, no matter how deep or how chronic the fissure may be, is, in my opinion, adding insult to injury. Cases of partial incontinence from atrophy of the sphincter, following its division for fissure, have been reported.

My idea is that a proctologist should limit himself to proctology and not attempt abdominal, or major intestinal work. There are some men who claim to be proctologists, when in reality they are abdominal or intestinal surgeons by choice and by actual skill and experience. An abdominal surgeon should not be an

occasional operator. Skill and dexterity demand that he shall be a continuous laparotomist. If the proctologist undertakes to open the abdomen for operations on the colon and sigmoid for malignancy or prolapse, he will most certainly be an occasional operator, for cases of this kind are comparatively infrequent; 98 per cent of the treatment for the cure of rectal disease being extra-abdominal. Again, the frequency of abscess and fistula in the anorectal region, and the necessity for the redressing of these pus cases is another argument against the proctologist attempting clean intra-abdominal surgery. Appendicostomy, cecostomy, colostomy, and sigmoidopexy, etc., should be placed in the hands of the intestinal surgeon or experienced laparotomist.

Just a word in regard to an old, yet important, subject—the relationship between the man doing a special line of work and the man doing general practice. This relationship should be one of mutual confidence. The patient referred for some special treatment should, of course, never be treated for any other ailment, but if such is present should invariably be referred back to the patient's own physician and recommendations, if any, should be made in person or by letter to the patient's physician and never to the patient. This is not done, at times, and the result is a loss, not only to the patient, but to the profession. Confidence between medical men is as vital, as between patient and physician.

A better understanding between the general and special men of the country and a more faithful adherence to the principles of medical ethics that bind them in good fellowship are to be most heartily desired. It is not my purpose to infer that a lack of confidence between medical men is general, but I am afraid it is more so today than in the past. Most of us, no doubt, have many associates in the profession of sterling character and worth and, on the other hand, there may be a few of us who have had some rather unpleasant experiences.

The general principles of conservative proctology can be summed up as follows:—

1. The minimum amount of interference or manipulation of the parts to be treated, with the maximum of beneficial result.

2. The elimination of pain by the use of local anesthesia, intellectually applied, with efficient apparatus, combined with due knowledge of the anatomical nerve distribution to the parts.

3. Whenever possible and desirable, the patient to be kept on his feet and allowed to attend his usual vocation.

Parenthetically, let me say, there is really nothing in this

method that should be objectionable to any school of medicine. It has to do with the well-known principles of mechanical, antiseptic and surgical technic. It is very largely local treatment, non-operative or operative as the case may be. It deals with conditions that are usually localized and limited to the rectum and anus and surrounding structures, occasionally related to other organs or to constitutional conditions. However, more commonly arising from local causes and responding to local administrations, topical, manipulative, or operative, as the case may be.

4. The complete restoration of the physiological integrity of the parts, without destruction of normal tissue, with the least efforts, in the shortest time, with the smallest amount of inconvenience to the patient—this is the underlying thought in conservation as applied to diseases of the rectum. Conservative treatment is the key-stone to the arch of Successful Proctology.

1344 G Street, N. W.

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Health Insurance. No injured employee may be dismissed from his work while recovering from his injury, and he is entitled to wages during disability, within stated limits. This is a great boon to workingmen. No longer may an injured man be put aside, if he is hurt in the employ of a firm, as of no further use. The new order of things made it almost imperative in firms employing many hundred, that a surgeon be entrusted with the care of the injured, for obvious reasons. There must be a uniformity of care and treatment, and the expense of such service must be a controllable and manageable one. Railroads have for years had their surgeons, and cities their physicians. It was now practically forced upon all large firms to have medical departments.

The firm of which I speak, employing at capacity 8,000 men and women, decided to institute a Medical Department, which should care not only for accidents, but for all illnesses happening to their employees, and to supply them, without any expense whatever, all medical and surgical services, all hospital facilities, and all appliances. The only requirement is that this work shall be done under the direction of their medical department.—*Wieland in Industrialism and an Awakened Conscience.*

SURGICAL SIMULATION BY TABES

By Curtiss Ginn, M. D., F. A. C. S., Dayton, Ohio

The object in presenting this paper is to call attention to the danger of mistaking some of the symptoms of tabes for an acute or chronic surgical condition.

Just how great this danger may be, it is difficult to say—as the literature is meager, surgeons, like their medical brethren, being much more prone to publish their successes than their failures.

W. F. Cheney of Leland Stanford in 1913 published a report of five cases of gastric crises in tabes—three of which had been subject to previous abdominal section for supposed surgical gastric disease.

It is furthermore not the purpose of this paper to review the subject of tabes, except as may be necessary to elucidate or classify the surgical errors made by misinterpreting its symptoms.

Tabes, being a disease of the sensory neurons, peripheral and central, alters their normal function in one of three ways:

1. Heightening the sensibility, hyperesthesia.
2. Lessening the sensibility, anesthesia.
3. Trophic disturbances.

Hyperesthetic Class—

In tabes there are explosions of severe pain which may be referred to the abdominal organs, the stomach, gall-bladder, intestines, kidneys and bladder.

They may also affect other parts of the body but are not apt to be unrecognized or mal-diagnosed as when referred to the organs mentioned above. A crisis usually appears before any ataxic symptoms are manifest; and, as the latter appear, the crises gradually disappear.

Visceral crises appear in approximately 6 per cent of tabetic cases.

A typical gastric crisis comes on without warning, is accompanied by frequent vomiting, usually of an extremely acid character which may be streaked with blood or if the act is continued some time may have some of the coffee-grounds appearance.

The latter character probably is due to the decolorizing and curdling effect of the hyperacid gastric secretion upon the oozing from a small ruptured vessel in the mucosa of the stomach. The patient is prostrated, tender over the whole epigastric region. The attack may last from a few hours to several days, ceasing as sud-

denly as it began, and in only one of the cases studied was there a more or less continuous disturbance between crises.

The gastric analysis is not constant in its acidity, one case presenting 100 per cent total acidity and 16 per cent free HCl, while another had but 16 per cent total acidity and no free HCl.

A gastric crisis is most apt to be confounded with gastric or duodenal ulcer. Gastric or duodenal ulcer has the pain, usually influenced by food, modified by its location, gas, hematemesis; exacerbations grafted on a chronic digestive disorder, vomiting followed by relief and a chronic sensitive spot in the epigastrium usually to the right or left of the median line; emaciation may be present in both diseases and both occur in same decade of life.

One valuable point of differentiation is in their onset, the pain preceding the vomiting in true ulcer while the sequence is vomiting and late pain in tabes.

A lessened or absent knee jerk is one of the very earliest symptoms of tabes and may precede all other signs some years. The absence of this normal reflex together with the history of periodical attacks of rheumatism or neuralgia is strong presumptive evidence that one is dealing with tabes, and if the pupillary reflex is absent or sluggish or they differ in size, the case is made out.

There is more excuse for non-differentiation in the simulation of a renal colic by tabes than any other of the crises. Here, however, a properly taken skiagraph and cystoscopy with ureteral catheterization affords a very real help.

As an example of what has just been said let me present the following history:

J. R., aet. 35, married, white, butcher by trade. He is a tall, thin, sickly-looking man, has been ill for four years and in that time has lost forty pounds. Habits before illness not exemplary, used some whisky daily and both chewed and smoked tobacco, had always been an enormous eater, has recurrent attacks of vomiting, lasting from 24 hours to two weeks. At first they came at intervals of several months, but lately are every three or four weeks, attacks come on day or night, may have been feeling perfectly well when vomiting will begin suddenly; intense burning or sharp pain in epigastrium follows; if attack lasts over a day will have streaks of bright blood in vomitus and if the attack is very violent or long continued will have coffee-grounds ejecta. The abdomen is retracted and sensitive to pressure, bowels constipated. The attacks vary in severity, cease suddenly; and between them has a good appetite, the gratifying of which gives him but little if any discomfort. While ill, food taken into the stomach is soon rejected without increasing or decreasing pain.

A diagnosis of gastric or duodenal ulcer was made, an abdominal section showed a fairly normal stomach, a posterior gastro-enterostomy done; recovery uneventful until tenth day when he scrambled out of bed, the wound opened and he eviscerated himself. The intestines were cleansed, replaced, the wound resutured. He apparently had relief for a few months when the old train of symptoms recurred, a severe dragging pain in wound with nausea and an obstinate constipation; the abdomen reopened a knuckle of ileum found adherent to peritoneum at lower end of the former opening. This operation relieved the constipation and dragging pain but the stomach symptoms remained the same; since then he has visited many internists and surgeons most of whom apparently focused their attention upon his stomach troubles. Now after five years he has developed sluggish pupils, a slight ataxia, lessened knee-jerks and his gastric crises are much better.

Anesthetic Class—

The errors in this group are confined principally to interpreting bladder and rectal symptoms.

Retention of urine with seeping are the common symptoms. These coming on in a man during the fifth or sixth decade unaccompanied by obvious ataxic symptoms are often attributed to an enlarged middle lobe of the prostate. These patients have many times come to catheter life, are suffering from a cystitis and the *ensemble*, as they present themselves at the clinic or office is not unlike that of an old prostatic.

A rectal examination may show the prostate normal or moderately enlarged.

A proficient cystoscopic examination will usually tell whether there is real prostatic obstruction or not. There is one finding, however, that I have learned to associate with a tabetic bladder and that is a widely dilated ureteric orifice; in one case it looked as if the index finger could be introduced into the opening.

When the rectum is in question, an obstipation develops; the abdominal muscles are called into play repeatedly and forcibly to aid defecation, so that hemorrhoids develop and unless one is careful in arranging his symptoms categorically, he amputates the hemorrhoids to relieve the bowel condition, only to find that the bowel condition is not relieved but frequently another hemorrhoidal mass returns.

Sometimes, too, as a result of the forcible, often repeated straining at stool a single or a double hernia will develop. A herniotomy done in such a case may not have the hernia break-

down but one will develop on the other side, or as has been the disagreeable experience of the author, seeing an inguinal follow a repaired femoral hernia.

Geo. C., painter, aet. 60, white, unmarried. Well nourished, robust-looking man came to the clinic complaining of difficult urination, seeping between urinations, and attacks of complete retention at times, necessitating the use of a catheter; has also had pus in urine following these times of retention. He came with the diagnosis of prostatic obstruction made by several good general practitioners with surgical tendencies. A rectal examination showed a prostate slightly enlarged, the cystoscopist reported an enlarged middle lobe also dilated ureteric orifices with a much trabeculated bladder.

A suprapubic cystectomy was done with expectation of enucleating the prostate, but on inspecting and palpating the organ, the conclusion was reached that this could not be the cause of the trouble; on examining his eyes, the inequality of his pupils told the tale. His recovery was quite prolonged and while yet in the hospital ataxia developed.

Trophic Class—

The various phases of a neuropathic or Charcot joint are the ones that may confound the surgeon in this class.

A trophic change in a joint at first glance may look strikingly like an old case of synovitis or may even be taken for a neoplasm.

The history given usually dates back to some injury more or less trivial, which being interpreted means that the patient's attention was not particularly called to the condition until the joint failed to act properly or an injury caused it to be examined.

These joints are painless in their development and even the most disorganized joint with crepitus and subluxation may be handled without any pain. This symptom is most valuable from a diagnostic point of view. Again, spontaneous fracture may occur near such a joint, puzzle the surgeon, anger the patient and be the foundation of a damage suit.

One such case came to the Miami Valley Clinic this past year with the diagnosis of sarcoma of tibial head.

Mrs. X., aet. 34, married, white. This patient denied syphilis but her first husband had been a man of bad sexual habits.

One child living, one miscarriage, always healthy, fell down steps two years ago, hurt her right knee and discovered that night it was quite swollen; swelling has never receded, no pain in knee, neuralgic pains in both legs, walked with cane for a year; felt a sudden snapping in knee, fell to the ground and has been unable to stand since. Knee joint much enlarged and doughy to touch; subluxation of tibia, skiagraph shows the external condyle of femur gone, and deep erosion of tibial articular surface; pupils irregularly dilated, knee-jerk in left leg absent; Wassermann positive.

Diagnosis,—Tabetic Arthropathy.

This joint was excised and the tibia and femur nailed together.

Summary -

1. An abdominal crisis in a tabetic subject may simulate an acute surgical disease of the stomach, gall-bladder, intestines, kidney or urinary bladder.

2. The anesthetic phase of tabes may simulate the retention of an hypertrophied prostate.

3. That tabes may be the underlying cause of both hernia and hemorrhoids.

4. That the trophic changes may be mistaken for a new bony growth or a chronic surgical joint.

5. That every examination should include a routine list of the reflexes,—tendon, eye and skin.

6. Remember that crises of pain and absence of the patellar reflex may precede all other symptoms of tabes by some years.

Salivary Digestion: Digestibility of Bread, Etc. The customary method of judging the march of amylolytic digestion experiments by iodin color reactions is wholly unreliable. Starch is heterogeneous. There are three main ingredients in cereal starches, namely, amylocellulose, amylopectin and amylose. The latter is the principal ingredient. It is very rapidly digested, passing through the stages of amylodextrin, erythrodextrin and achroödextrin in hydrolyzing to maltose. Indeed, under ordinary conditions the digestion of the amylose of bread and boiled starch is so rapid that the first two dextrins can be detected only with difficulty. The substance in such digestion mixtures, which ordinarily gives the red color with iodin, is rose-amylose, the first product of the digestion of amylopectin. Amylopectin is the substance that gives cool boiled starch its excessive viscosity. The rose-amylose digests completely only after four hours. The amylocellulose composes the walls of the starch granules, which are completely digested *in vitro* only after more than 24 hours.

The foregoing data were used, in part, to prove the absence from digestion mixtures of any carbohydrate but maltose, so that a rapid and accurate polarimetric method of estimating amylolytic digestion was developed.

Tested by this method, bread made from hard wheat flour was found to be much less readily digestible than that from soft wheat flour, unless the gluten was broken down. The breaking down of the gluten produced by ordinary mastication was found to be sufficient to eliminate all the difference in the salivary digestibility of these two kinds of bread. Stale bread requires much greater comminution. The reason for the greater palatability of home-baked bread is not clear. Bread raised by spoiled yeast was found to be unwholesome by ingestion, and proved to be very abnormal when tested by the polarimetric method.—J. C. Blake, Ph. D., *Jour. of the Amer. Chem. Society*, June, 1916.

SPLANCHNOPTOSIS*

By John M. Lee, M. D., Rochester, N. Y.

When the secretary of this society wrote for the title of my paper I hastily sent it, in obedience to his command, but as I began to write I found I could handle the subject better under the theme of ptosis of the abdominal viscera, or splanchnoptosis, which includes intestinal stasis as a prominent if not the most prominent symptom. The subject is so extensive that the briefest consideration is alone possible, since a long paper could be written from several of the sections of this article.

The etiology of the disease shows that the slender, spare, lank individuals of the nervous temperament afford most examples of the malady. The hanging of the skirts from the waist, faulty posture of the young, usually at puberty, throws unusual and excessive strain upon the ligaments and supports, which, together with relaxation of muscles, especially the abdominal group, permits the organs to sag little by little until, in a lean subject a severe form of the disease develops. Tight lacing shown by the scarring of the skin, the wasp-like waist, the flaring of the ribs outward and the crowding of part of the organs upward and others downward, afford a familiar picture, especially among the fashionable. In rare instances the liver is constricted and so attenuated at the point of greatest pressure that the part is thinned to a mere fibrous membrane or pedicle-like connection between the upper and lower lobes.

Pregnancy and its attendant weakness or loss of tone of the abdominal muscles, rupture of the perineum and congenital displacements must all be reckoned with as causative factors. More important than these is the vacuum after labor, the diminution of intra-abdominal pressure and lack of support caused by dropping away of the intestines from the organs of the upper abdomen. It is chiefly due to these phenomena and tight lacing that the disease is several times more frequent in women than in men. The congenital predisposition to the malady is mostly expressed in the peculiarly slender and lank conformation of the body. Emaciation and loss of tone from any cause may serve as etiologic factors. Stasis may be a cause of ptosis and *vice versa*, by reason of imperfect assimilation and auto-infection and the abnormal weight of the overladen stomach and intestines. Incompetency of the ileocecal valve, Lane's kink, Jackson's membrane, other

*S. and G. Society, 1915.

membranes or adhesions, congenital or acquired, may cause intestinal stasis; physical disability and muscular and ligamentous relaxation, which, with the added intestinal weight and constant dragging on the ligaments serve as strong etiologic factors.

Fortunately, splanchnoptosis or ptosis of all the abdominal organs is a rare disease. Its symptomatology may be meager or very complex, therefore it would be a waste of time to go into it further. As a matter of fact all the medical specialists could find, in some cases, symptoms to bolster up almost any diagnosis if they relied on symptoms alone. The dragging on nerves, kinking of vessels and intestines, pressure from displaced organs, intestinal stasis, poor digestion and assimilation and auto-infection, present discordant groups of symptoms which would be very unprofitable to detail. It must suffice for the purpose of this paper to call attention to the prolapsed abdomen which hangs over on the pubes or in exaggerated cases on the thighs, as Rovsing says: "Like a half filled bag." In spare subjects, the organs may be palpated and recognized in their abnormal positions.

Gastroptosis, on account of the anatomy of the stomach and colon, must include coloptosis, and occasionally these diseases are associated with nephroptosis. The symptomatology here is more constant and suggestive though one ought not to place reliance on it as anything more than a hint to diagnosis. The mental state may closely resemble hysteria, neurasthenia or melancholia. Nausea and vomiting may be present which, with abdominal tenderness and pain over the vermiform process, simulates appendicitis or peritonitis. In fact, the irritation of a right movable kidney on a retroposed sensitive adherent appendix may induce an acute attack of appendicitis ingrafted on the chronic malady. The pain and distress from the kinking of sensitive nerves and vessels of the kidney pedicle often induce spasmodic pain which may be mistaken for calculi in the ureter or biliary passages, "although no tumor of the gall-bladder is found and there is no jaundice." There is a sense of weight and discomfort in the abdomen and much palpitation of the heart. Dyspeptic symptoms are present, food finds its way out of the stomach slowly, there is much accumulation of gas all through the digestive tract, and the bowels are constipated. There is partial closure of the pyloric orifice from traction, the lumen of the bowel at the hepatic and splenic flexures is collapsed and partially closed by ptosis of the stomach and colon, which from their depressed and dependent positions resemble in effect "the sewer-pipe trap." Thus the contents of

these organs remain unduly long, and fermentation, putrefaction and auto-infection ensue. This gastroptosis with its intestinal stasis yields a mass of symptoms which are often interpreted both as the result of gastric ulcer and cancer of the stomach.

Rovsing, of the University of Copenhagen, in his clinical lectures reports two cases of gastroptosis which his colleague internists transferred from the medical to the surgical ward, as they believed, for operations for gastric ulcer and cancer of the stomach, respectively. Rovsing corrected the diagnoses and performed his gastropexy on both patients with success. They are such striking examples of the great extent to which malnutrition and emaciation may go, that I refer the reader to these patients in Rovsing's "Abdominal Surgery."

The most characteristic symptoms of this malady are: Partial convalescence in bed from diet, and appropriate treatment, soon to relapse again and again when the patient assumes the erect position or follows her usual vocation; the constipation, gaseous distention and ballooning of the cecum, particularly from the dragging and partial obstruction of the colon at the hepatic and splenic flexures, returns with all the distressing symptoms; or if the patient has suffered from so-called nervous affections of the stomach they will reappear, the amelioration from lying on the back often gives place to pain when the patient turns on her side and it is referable to the opposite side from which she lies; relief comes from nightly repose to return on arising in the morning or from sitting upright in bed.

The diagnosis of splanchnoptosis is not difficult, as the disease develops in tall, slender subjects with thin abdominal walls. The liver, spleen and kidneys can readily be recognized by palpation. The prolapsed stomach and colon are easily observed in their abnormal positions while their absence from the epigastrium is made clear by inspection and the readiness with which the tissues normally concealed by these organs can be examined and identified. If doubt still exists, any of the scientific methods used for the diagnosis of gastroptosis and coloptosis may be employed. The aorta is exposed throughout the epigastrium except for the thin abdominal covering, and the patient anxiously calls attention to its pulsation. The aorta, vertebrae and usually the head of the pancreas can be clearly made out through the single layer of attenuated overlying structure. The stomach splash is readily observed in its prolapsed position many hours after meals, and scraping auscultation is noted. The physical signs may be further

brought out by dilating the stomach with air through the stomach tube or by the use of bicarbonate of soda and tartaric acid alternately to liberate carbonic acid gas. Radiography, immediately after a barium meal, will quickly clear up the question as to the position of the stomach and twenty-four hours later the diagnosis of the position of the colon may be established by a second Roentgenogram. These pictures clear away all doubts and may reveal part of the colon as a pelvic organ and the greater curvature of the stomach to lie only one or two finger breadths above the pubes. The differential diagnosis of gastric ulcer and cancer is cleared up by consideration of the symptoms and physical examination, analysis of a test breakfast, the use of the gastroscope and exploratory incision.

The general treatment of the disease falls to the internist who should begin early, when the etiologic features are first recognized. While common principles may be employed, most cases will have to be studied individually and such remedies used as will especially suit the needs of each patient. If heredity has imparted the peculiar ptosic type of body expressed largely in the funnel thorax, it should be intelligently and persistently combatted, for it is here that the greatest obstacles to treatment are met. Violent sports and fatigue should be avoided and vicious forms of dress rejected. Much may be accomplished by postural and hygienic management. For example, faulty carriage of the body which relaxes the abdominal muscles and thus weakens visceral support, should be corrected. If the standing posture is abnormal it must be rectified by the efforts of the patient or by these supplemented by some intelligent and faithful member of the family. Well masticated foods selected to increase the weight and small amounts of fluid should be taken at a time to prevent over-loading of the stomach. Galvanism, faradism, static electricity, vibration and massage are useful. The indicated remedy to improve the tone of the patient and thus increase intra-abdominal pressure is of value. Tight lacing must be avoided and belts and constricting waist-bands interdicted. Much instant relief and permanent benefit comes from frequently assuming the flat dorsal position with the chest on a lower plane than the rest of the body. Patients who are also students should form the habit of study in this position. It will correct the constipation and greatly aid the other methods of treatment, especially those indicated to relieve the gastro-intestinal disturbance.

The mechanical treatment consists chiefly in the application

of carefully selected and properly fitted stays and bandages; and when they are once adjusted, to keep the patient under observation in order to see that they are not worn carelessly and thus inefficiently. These may not be of much service in any except "pot-bellied" subjects or women who have borne children. However, it is the province of the attending physician to determine what is best and his judgment should be supreme. The chief indication is to support the abdomen from the pubes to the umbilicus. Many methods are in use, four of which possess considerable curative value, and I give them in the order of their greatest merit:

First: The common flannel bandage, four to six inches wide and five to ten yards long. The end of the bandage is laid on the right thigh on a line with the anterior-superior spine of the ilium and one turn made, when it is brought up over the initial end and securely stitched. It is then applied snugly and smoothly, and the circular layers are placed with liberal laps from the pubes to a point one-half inch above the umbilicus, where the terminal end is secured by needle and thread or a safety pin. It is needless to say that the bandage, as all other supports, should be applied with the patient in the flat dorsal position with the chest depressed.

Second: "La Grecque" corset, which may be secured in any modern department store. Some ladies refuse to use the bandage and others fail because they are firmly convinced beforehand that it cannot be made a success. "La Grecque" corset meets the indications, ladies take to it readily, and if the upper part is not laced too tightly it will supply the needs admirably.

Third: Vermehren's belt. It is a Danish product and serves the purpose well. Rovsing believes it to be the *"appliance par excellence"* and gives full directions for its use in his book on Abdominal Surgery, page 222.

Fourth: Abdominal support by use of the zinc oxid moleskin abdominal plaster belt, known as Rose's plaster abdominal binder. This, perhaps, is the most efficient remedy but as it may make the skin sore I have placed it last. Although under favorable conditions it can be worn several months or even a year, it is better to change it every six weeks. The skin should be carefully shaven, then cleansed by a tub bath. The oil of the skin should be removed by ether and care taken not to apply the plaster over the pubic hair. When the bandage has been worn, any bits of plaster that remain should be removed with a little ether on a soft cloth. If the skin is broken or in an unsound condition a new bandage should not be applied until it has healed; meantime the patient

should remain in bed. While this plaster support may be used in any way the surgeon's judgment dictates, Rose's method is exceedingly acceptable. Take a piece of plaster about seven inches wide and long enough to encircle the body and lap a few inches in the back, fold it transversely on its back and make the two ends equal so as to find the center of the piece which should be marked. Now draw a curved line from each end of the plaster, starting one and one-half inches from the top and ending in the central fold at the bottom. Cut out the two pieces, stick their backs to the face of the belt, and it is ready for application. None of these measures should be used until the patient is in the dorsal recumbent position with the chest depressed and the prolapsed organs replaced.

The surgical treatment: Splanchnoptosis may be treated by the general and mechanical measures just detailed; or where these are unsuccessful and the abdomen hangs down on the thighs like a half filled bag, an irregular triangular piece of skin and fat, fashioned to suit the case, five to eight inches wide and a foot to eighteen inches long, may be dissected transversely from between the umbilicus and pubes and the cut borders stitched so as to hold the organs in place. This causes the tissues of the lower abdomen to serve as a bandage and meets the indications well, though, if more support is finally necessary, the bandage may be used or any other operation performed.

The further surgical treatment of this disease presents great obstacles. The liver, the largest organ in the prolapsed group, must always be treated first, in order to make room to bring the stomach in place and this requires varied methods to meet the indications in each individual case. If, by the use of the tight corset, the right lobe of the liver has become pedunculated it must be amputated either by the cautery or angiotribe; then, when the bleeding, if any, has been arrested, the cut border may be grooved out and the edges carefully united. If the left lobe is found to be hypertrophied and prevents the stomach from coming up in place, it may be amputated with comparative safety by means of the angiotribe which crushes a channel through the fragile tissues of the liver and includes the large vessels and peritoneal covering of the organ in a thin paper-like connection between the part to be removed and the liver itself. This, if carefully done, arrests completely the hemorrhage and enables the surgeon deliberately to sever this thin crushed membrane close to the portion to be removed. If thought necessary, the two layers of peritoneum may be separated, the crushed vessels exposed and ligated, then the

peritoneum secured by a running suture. If any portion of it has been destroyed and the raw surface cannot be covered, a bit of omentum must be stitched over it. This treatment is only for badly complicated cases. If the liver is normal it will go into place readily and there will be no obstacle to replacement of the stomach, though the liver must always be sutured first: Press it into position and see where the suturing to the diaphragm and the capsule can best be made. Then scarify the peritoneal covering of the liver and diaphragm with the point of the scalpel or needle, and take a piece of chronic catgut, thread it into a round curved needle and "pass the needle in and out through the capsule and peritoneal covering of the liver on the dorsal surface beginning transversely and parallel with and close to the edge to be led in and out through the peritoneum longitudinally up to the highest attainable point of the diaphragm. From here the needle is passed transversely through the diaphragm with the same latitude as was allowed to the edge of the liver, then descending again through the peritoneal covering of the liver until one meets the starting point of the thread. When the surfaces are exactly adjusted the thread is carefully tightened and tied. From one to four or five such rectangular sutures are necessary for the adjustment of the liver according to the extent of the prolapse." [Rovsing.]

When the spleen has a twisted pedicle and degeneration has taken place in its substance, extirpation is indicated. If the organ is not hypertrophied it should be brought into position and splenopexy performed after the method about to be described in a similar operation upon the ligamentum gastrocolicum or by several rows of buried sutures. The transverse colon and stomach which have been protected outside of the abdomen by means of a large piece of warm gauze, next receive attention: An assistant takes hold of the colon and makes traction sufficient to remove the slack and thus enables the operator to observe plainly and avoid the vessels. The surgeon now proceeds to run a mattress suture for a distance of about three-fourths of an inch, longgitudinally, in and out, with the colon to the right, piercing its middle and outer coats, then the suturing is turned at right angles and the needle passed through the ligament, upward, until the stomach is reached, when it is drawn through and re-entered longitudinally, with the stomach to the left, at the attachment of the ligament. A distance of about three-fourths of an inch is traversed by it when it is withdrawn and started back through the

gastrocolic ligament, downward, parallel with the suture running from the colon to the stomach, to its starting point. Three or four of these sutures are passed and tied, which brings the colon close up to the greater curvature of the stomach.

The stomach is taken up lastly and gastropexy performed according to the method of Rovsing by passing a strong chromic catgut thread down through the abdominal wall on the right side, about three-fourths of an inch from the cut border. When the needle reaches the peritoneal side it is passed in and out in a curved line about an inch from the lesser curvature of the stomach, across the pylorus and out through the upper abdominal wall. The needle is removed and the two ends of the suture included in an artery forcep and turned to one side. A second suture is passed through the abdominal wall about three-fourths of an inch below the first and traverses the stomach in and out at about three-fourths of an inch below the first thread and is finally brought out through the abdominal wall of the opposite side. Three or four of these sutures are passed and drawn up sufficiently to replace the stomach and the abdomen is closed. The fixation threads are then tied down over a glass plate about two inches wide and four inches long and wrapped by many thicknesses of gauze.

There are other methods of suturing these organs in place, but only two, Beyea's and my own, will be given. The former consists in bringing the gastro-hepatic ligament together by three rows of buried interrupted chromic catgut sutures.

My first patients were all operated on before a description of either of these methods was obtainable, and as the cases were all successful, I will give the technic as I devised it, chiefly at the operating table: A piece of No. 2 chromic catgut in a round curved needle was passed down through the abdominal wall on the patient's left side, at the upper angle of the wound and one and one-half inches from its border, then made to perforate the outer and middle coats of the stomach in and out, downward, for one-half inch, then turned at right angles toward the linea alba and passed longitudinally with the organ, for one inch, then upward, parallel to the first suture, which carries it back to a point on a horizontal line with the starting point, when it was made to pass through the abdominal wall one inch toward the median line and parallel to the point of entrance. Three or four of these mattress sutures were made on each side one below the other, the stomach was replaced, the fixation sutures tied down

and the abdomen closed. Beyea's gastrorrhaphy, which appears to be a more logical operation than either Rovsing's or my own, is now used, though frequently the mattress suture is employed to supplement it in order to preclude the possibility of relapse. In any of these procedures free incision must be made to give abundant room for exploration and to execute the technic. If organs are in the way they must be turned out of the abdomen and protected by suitable hot wet gauze.

Diseases of the abdomen have come into the surgical field so rapidly since our initiation into practice and especially during the past decade, that it becomes necessary to strip ourselves of all fads that retard progress or prevent achievement of the fullest measure of success. Great effort must be made to diagnose all complications possible, then be fully prepared to meet successfully, so far as human forethought can go, the hidden, unfathomed or, prior to operation, unknowable diseases, which, if neglected rob the patient of expected relief and the surgeon and his art of rightful glory. In no branch of practice is this so marked as the one under consideration at the moment; and the members of this Society, be it said without a blush of fulsome praise, are able to meet the above requirements with the greatest credit to themselves and benefit to the public.

Authors Consulted: Keen's Surgery; Rovsing's Abdominal Surgery; Moynihan's Abdominal Operations; Kemp Diseases of Stomach and Intestines; Kellogg—*N. Y. Medical Journal;* Bainbridge *N. Y. Medical Journal;* Honan—*North American Journal of Homeopathy; American Journal of Surgery.*

Orificial Work. Indications suggested for orificial examination and probable need for operation are: Incorrigibility, nervous prostration, nervous indigestion, constipation, asthma, epilepsy, moral perversion, uncontrollable temper, "nervousness," etc. Many of these cases can be restored to normal by relieving the cause of reflex irritation at the lower orifices, sometimes through very simple operations such as circumcision in the male or in the female; amputation of the labia minora if over long; ventrosuspension of retroflexed uterus; removal of an irritable hymen; dilating a tight cervix or urethra; removing the hemorrhoidal inch, either completely, by the American operation, Dr. Pratt's own method, or by the slit operation, which is less radical.—*Clinic Committee, Washington, D. C., 1916.*

SPONDYLOTHERAPY: ANOTHER VIEWPOINT*

By Harlan P. Cole, M. D., New York

The subject of spondylotherapy has been receiving much attention, directly and indirectly, during the last few years. Directly, on account of a publication and a series of demonstrations by Dr. Abrams of San Francisco, and indirectly by the work of the osteopaths, who have been doing practically the same work as Dr. Abrams for a number of years.

As the work of the osteopaths has been kept within the fold, and has not been generally known to the medical profession, the work of Dr. Abrams would seem to be new, but we may find all the fundamental principles of his work in osteopathic books published before the Abrams work was published. But here we must look still further back to a little book entitled "Rest and Pain," by John Hilton of London, England, who describes a number of cases, dating as far back as 1857, in which circumscribed spinal inflammations are located and successfully treated.

Each of the systems has a slightly different way of accounting for the phenomena, and a different method of treatment. So far as I can learn, we must look to Hilton for the origin of the idea and to the osteopath for a wider application of it, but it seems to me there is still a wide gap left in the therapeutic end of the proposition; for neither the rest treatment of Hilton, the nerve stimulation and vertebral readjustment of the osteopath (if they were possible), or the vertebral percussion of Abrams, could remove the pathological condition that accounts for the symptoms, although the symptoms might be palliated, and some of the disturbances could be removed, so as to allow the natural forces to work out more or less in the way of resolution. In the following paper I have attempted to add a little to the department of spondylotherapy with regard to the pathology and a further reaching treatment. Tapping the spines of the different vertebræ, or producing more continued pressure upon them with a somewhat forked instrument undoubtedly will produce certain reflex physiological action upon different organs, through consequent irritation of nerve centers that have more or less control over the function of these organs, as has been demonstrated by Dr. Abrams, and the therapeutic value of the proceeding is variously estimated by each physician employing it.

These questions naturally arise: How is this effect produced?

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What is the duration of it? What is its actual value in therapeutics?

The astonishing feat of causing the stomach to stand on end at the beck of the operator who desires to catheterize the duodenum, would surely be the act of a wizard, and might be credited by some; but on the other hand, when we consider that every part of the body is so perfectly supplied with nerves from the spinal cord, that the prick of a pin at any point of the surface and all the way down to the bones forming its framework, immediately sends a neurogram to the spinal cord, which immediately responds, we have at once a basis for calculating the influence of the spinal cord over the proceedings in, and conditions of the different structures composing the body.

Two functions are *presided* over by the spinal nerves, viz.: sensation and motion. There is still another function resulting from the combined action of these two. While the sensory nerves report to the cord any contact, or the amount and character of local pressure, and the cord calls upon the muscles for action, the combined action presides over and controls the condition, normal or abnormal, of all the tissues, through an adjustment of the circulation; for the vasomotor nerves respond also.

From a blush of the cheek, a sudden increase of the secretion of a gland, like the kidney (following a fright), or the lachrymal gland (when a foreign body in the eye interferes in any way with its normal functions), or the salivary gland (from the presence or anticipation of any substance in the mouth), to the most deep seated inflammation, the process is practically the same, differing only in rapidity and degree, and whether it is the arterial or venous circulation that is most involved. When we sit on any surface that presses on the sciatic nerve, or rest the under surface of one knee on the patella of the other, thus producing pressure on the popliteal nerve, the foot will become numb, or as we say "go to sleep." The same effect will be produced in the hand by putting the arm over the head, so that the head of the humerus will be pressed against the brachial plexus, or by lying on the side, so that the brachial plexus will be compressed between the body and the arm. If the pressure is continued or increased, pain will result. It is very easy to see that a pressure of this kind, if continued, will result in inflammation, as does sudden or forceful pressure of the same character. A pressure that would produce a change in sensation, would also produce a change in circulation or blood distribution. As the

normal or healthy condition of any structure, consists in a perfect balance between the supply to that structure, of a certain amount of good arterial blood and the removal from it of a proportionate amount of venous blood, in a certain period of time, any continued change in the amount of arterial blood supplied, or of venous blood removed, results in disease. And that disease consists in the changes known as *inflammation.*

We are told that inflammation is detected by four signs, *heat, redness, swelling and pain.* The redness is accounted for by the condition attending the supply of the excess of blood, the swelling by the excess of blood in the blood-vessels, and the serum of the blood which has been crowded through the walls of the blood-vessels into the connective tissue; the pain is the result of the pressure of the congestion and effusion, upon terminal nerve fibers. This pain may be referred to any point within the reach of the nerve pressed upon, either direct or through intercommunication. As the more liquid portions of the effusion is absorbed by the surrounding circulation, the plastic material remaining forms adhesions between the muscle fibers, ligaments and tendons, or between them and the periosteum of the bone ends. These adhesions gradually contract more and more as time passes, causing at these points a continual disturbance in the circulation, which, in turn, increases the number and volume of the adhesions, increases the pressure on the terminal nerve fibers, and produces a condition of pain and reflex irritation, which is commonly called neuritis, rheumatism, or gout. As venous effusions are more voluminous, and less plastic than arterial, because the blood is less plastic, venous adhesions are more easily broken up and gotten rid of.

"Rheumatism" causes a greater variety of conditions, has a more complicated pathology, more remedies for its cure, more baths for its extermination, and more sanataria for its entertainment than any other disease. But the great army of victims is still marching on, and year after year augments its numbers at every turn in the road. We change the name from time to time, as the old ones become too familiar, and each year the manufacturing chemist teaches us some new method of treatment of the disease and its causes, which is always to be better than the last failure, but eventually falls into the same disuse. But the pathology could be covered by the condition above described and its cure would consist in the removal of the deposits, and the corrections of the general circulation. If these

centers of inflammation will form around bone ends, they will also form among the thousand and one muscle fibers and ligaments attached to the laminæ and the spinous and transverse processes of the vertebræ, and that portion of each rib that extends from the tip of the transverse process to the body of each dorsal vertebra. If we carefully examine the almost innumerable subdivisions of the erector spinæ muscle, we will find that the sides of the spinous and transverse processes, the laminæ, a part of the bodies of the vertebræ, and the ligaments connecting them to their neighbors are literally covered by the tips of these muscular projections where they attach themselves to every point of vantage, and the result is a countless number of interspaces between these ligaments, muscles, tendons and processes of bone, in which this effusion can and does accumulate. The rapidity of the accumulation would depend on the severity of the traumatism, and the size of the area involved. In an asthenic subject the effusion would be more serous than plastic and more voluminous, and might result in an abscess, while in one more vigorous it would be more arterial, plastic and adhesive. Between each two vertebræ, just in front of the articular and transverse processes, there is a foramen for the transmission of the intervertebral nerve; this nerve is composed of the two branches, one from the anterior horn and one from the posterior horn of the spinal cord, the motor and the sensory. After passing the base of the articular process the nerve makes an abrupt turn backward into the space occupied by the subdivisions of the erector spinæ muscle, each of those nerves in the dorsal region immediately entering the groove on the lower edge of the rib above its point of exit after giving off a branch to the muscles. Those in the cervical and lumbar regions collect in groups or plexuses, after giving off a few nerves to the muscles in their immediate vicinity. The dorsal and many of the lumbar nerves send large filaments to the structures all the way around to and at the front, where they meet their friends from the opposite side.

The cervical plexus is composed of the upper four cervical nerves, supplies the neck and the head all the way over to the supraorbital arch. Many of its branches connect with the cranial nerves, especially the pneumogastric, and also with the sympathetic. The lower four and the first dorsal form the brachial plexus, which first sends branches upward to the cervical, and then passes out to the arm, giving off branches in its course.

The lumbar and sacral plexuses supply the pelvis and lower extremities and their branches can easily be followed out.

If pressure on the brachial plexus or upon the popliteal or sciatic nerve, will produce numbness or pain along the line of the nerve or at its termination, it would be equally true that pressure upon any nerve at its exit from the interspinal foramen would produce numbness or pain, or interfere with its functions, at any or all points between the point of pressure and the termination of its branches.

Any idea to the effect that intervertebral nerve pressure can be produced by any amount of displacement of one vetebra upon another within the power of a surgeon to replace at an ordinary office call without the use of an anesthetic, must be entirely erroneous, for the vertebræ are so firmly dovetailed together, that displacement beyond a physiological possibility, is impossible, and the transverse diameter of the foramen is so many times greater than the thickness of the nerve, that pressure is impossible, by subluxation or any mal-alignment without fracture.

Three interesting instances of persistent brachial neuralgia from different but similar causes, show the readiness of the pain to subside, when the cause is found. In a case occurring before the year 1880, I was able to immediately get rid of a persistent neuralgia of one arm by removing from the axilla of a lady, a bullet that was resting on the ulnar nerve and with which she had attempted suicide. The bullet, instead of puncturing the chest wall, had passed up the fibers of the pectoralis major to the axilla, and the location was confirmed by the neuralgia of the ulna.

The second case had resisted the treatment of a prominent New York surgeon for two years. It was diagnosed "Neuritis," but has not returned in ten years, following the clearing away of an induration surrounding enlarged lymphatic glands in the axilla.

Case three was sent me by case two. Here the neuralgia affected both arms and had lasted five years, in spite of vigorous efforts at cure by many means, including both schools of medicine and osteopathy. In this case the cause seemed to be located in, and under the erector spinæ muscles in the lower cervical and upper dorsal regions. The treatment in this case consisted in the use of a vibrator, because of the need for deeper work than could be done by any other means. This was sup-

plemented by some static wave application. The treatment was continued through most of one winter, and a part of the next, with an interval of three months in the summer. In this case there was imperative need of a cure, for she was entirely prohibited, by pain, from piano playing, which was a very important part of her life. A year after her last call she reported herself cured, with no intervening treatment.

The symptoms attending these conditions depend on the location, the number of nerves involved, the cause, the activity, and the duration.

As in all other diseases, the vitality of the patient is some indication of the amount and severity of the disease. A puny, weakly child could not develop a very severe attack of pneumonia, and a full chested, well developed man, who prudently used all of his lung space at each respiration, would not be immediately liable to death from pulmonary consumption or of tuberculosis at any other part of the body.

For many years the profession has struggled with a condition called by different names, among them *spinal irritation*, the chief symptom being continuous dull aching pain anywhere from the head to the feet, front, back, sides, and all points between, but never forgetting the ache. Attending these will be found a number of associate symptoms, cerebral, gastric, or pelvic, or all together, due to irritation of the nerves distributed from the point affected to the points where the pain or other trouble is located, or to the termination of any nerve which may send a branch to or receive one from the point affected, resulting in the inability of the patient to maintain a sufficiently normal circulation for the ordinary demands of life, and a fair degree of health.

I suppose that if all these cases were eliminated, the ladder by which the young physician is to climb to the level of an active and busy practitioner would be removed, for they have been treated by many, if not all, the other doctors, and they wonder if the new man has not something new to offer.

At one time every well regulated physician had an apparatus for cauterizing the tips of the spinous processes of the vertebræ of these unfortunates. At first, it was a solid iron on a long handle, but later the vaporizing machine came into use, and the cases were put through their "stunts" every so often, year after year as long as they would come. Later, many a physician made a reputation by the use of the Hilton absolute rest treatment, in which

the patient remained in bed, almost continuously in one position, for a year or more at a time. Others resorted to the removal of the coccyx or the ovaries, or to some other surgical procedure. In one case that came under my care, the spine was frequently cauterized during a period of two years, by an eminent orthopedic surgeon, for relief from headache, but without benefit. Treatment of a chronic metritis with effusion into the left broad ligament, cured this case.

For a number of years the choice of the profession lay between the methods mentioned, some of which are still in use, when a gentleman from Missouri "cured a case of dysentery in a small child by readjusting the cervical vertebræ." Other similar cures were reported. There then began a system of practice now known as osteopathy, the fundamental principle of which is that disease is due, usually or frequently, to limited or inhibited nerve power resulting from undue pressure upon the spinal nerves by subluxated vertebræ, or on account of a dislocation at some point in the spine. A dislocation of a vertebra is an anatomical impossibility without a fracture, and it is equally impossible that a fractured vertebra will slip back into place and there remain, so that the patient can immediately go about his ordinary business. The word dislocation, which the patients use to describe the diagnosis of the osteopath, is confusing to the physician. The osteopath usually retreats behind the word *subluxation*, but that word, from a pathological standpoint, is just as difficult to explain, for any latitude of motion beyond a physiological possibility is equally impossible. In more recent years the difficulty has been more frequently located at the sacro-iliac synchondrosis, which makes it a more possible theory but still leaves much to be explained. The theory of intervertebral anchylosis is much more reasonable and opens up a list of conditions that call for more consideration than scorn from the medical profession. Indeed, we have been turning a lot of business over to the osteopath and the Christian scientist, and if we do not give the matter more careful consideration and intelligently handle the cases that do actually occur, we shall continue to do so. I have been frequently called an osteopath, and I am quite willing to submit to the accusation so far as this part of the proposition is concerned.

I am well satisfied that many slight local injuries, exposures to cold, strains, fatigue and other causes lead to local, chronic, slow-developing inflammations that limit the mobility of the spine

(actually and from fear of pain), and produce pressure on the intervertebral nerves, limiting or disturbing their function, and that of the nerves with which they communicate, be they spinal, cranial or sympathetic. This may seem a disturbance too remote to be expected or credited, but in the end will demand acceptance; and the cause of the pain can be located.

A little of my experience, from two view-points, that of the patient, and that of the physician, has been interesting to me, and may be to others.

As far back as 1894, while conducting a general practice, and riding much, I suffered continued pain in the right shoulder and arm, that baffled the treatment of friends and self, until a few doses of arnica seemed to dispose of it. About four years later, while doing mostly office work, and sitting with my back to a large window most of the time, I began having severe pains in the lumbar and sacral spine, and in one or both thighs. These attacks occurred during the winter, lasting about a month, and sometimes recurring in the same season. They continued to return each winter, sometimes very severe, and often preventing me from standing erect for more than a week at a time, in spite of all forms of electric treatment.

After moving to New York in 1904, my trouble appeared as usual. During an interview, and a recital of my troubles to Doctor Dieffenbach, the use of a vibrator was suggested, over the site of the pain, as a last resort. This proved very beneficial, and I began studying the cause of the pain, and of the benefit of the treatment. I discovered that the pain was the result of pressure upon one or more of the spinal nerves, or a branch of one, by the contraction or encroachment, of a plastic exudate, resulting from a local inflammation. These inflammations result from local injury, from bruise, strain, jar or concussion, which is so liable to occur at any step or misstep, strain at lifting or pulling, or the sudden lateral deviation of a carriage or car seat, the continued suspension of the arms of typists, dressmakers, piano players, or any who do continuous work at arms' length.

Since then I have had some slight attacks, always quickly relieved. One occurring in the month of October was so severe, that I was unable to even turn in bed, but the vibrator relieved the condition immediately, and in three days I was about my business as usual, although further treatment was required for its complete removal.

During the past few years I have had another interesting, though unpleasant experience. Up to that time I had never suffered from headaches. But here began a dull, boring pain, mostly on the right side, worse on motion, or from jar or coughing, and I was in continual fear of a sneeze. My voice became husky, and I was obliged to resign from a musical club. I carried one or two lumps of loaf sugar in a pocket of every suit or overcoat, to allay an almost constant irritation of the throat. All this seemed to be attributable to a somewhat strenuous life.

In spite of a month on the sea, five months in Europe away from my work, and another week on the sea returning, my difficulty did not disappear, although it was better when completely at rest. On my return to work and to pain, I began to dig more deeply into the proposition, and discovered a painful area, deep in, on the right side of the back, including the lower cervical and upper dorsal regions. A few treatments immediately relieved my pain and the irritation of my throat, but for this, as for the other condition, the treatment was continued. I have not had a headache since, can cough or sneeze without pain, have rejoined my musical club, have almost forgotten the lumps of sugar, and am doing as much work as ever. About twelve years ago, there suddenly developed a great interest in the use of the vibrator, and machines of many styles and sizes have since appeared on the market. Three words were used as an indication of their particular office—inhibition, sedation and stimulation. The idea of the latter being that its use over any area caused greater activity of the circulation. While the first two results are often very satisfactory, they are very indefinite and temporary, and do not seem more than accessory to some other proceeding, and are entirely devoid of any definite purpose. Inhibition seems to me a very questionable and hardly justifiable proceeding. The occasions that would justify the inhibition of a nerve or muscle, are extremely rare, and the proceeding should be very carefully considered. But there is a much wider field for the use of the vibrator in the liberations of adhesions, clearing out stagnated venous circulation, and effusions resulting from it, and the products which some have termed "fatigue poison," resulting from undue, continuous muscle action. Wherever there is effusion, there is tenderness to touch, which may have been telephoning about to other points for some time.

Discussion

Dr. Smith: There is one point that I want to take up in Dr. Cole's paper,—anatomical structure and the relation of the vertebræ to each other. If you will picture the vertebræ, their articulations and ligaments, you will recognize the fact that what Dr. Cole said is absolutely true in some particulars. On the other hand, if you will hold in mind the idea that the articulation (barring their contact with each other above and below) is an articulation on either side; then take this point of contact as an axis and slide the body of one vertebra sidewise to the one above and below it, and you will readily see that the spine of that vertebra is thrown out of alignment with the spines of the vertebræ above and below. No severe strain is put upon any part of the bones, simply upon the ligaments that bind those bones together, particularly the anterior common ligament. Without stopping to think of that anatomical condition, it would seem to be impossible to change the alignment without breaking down the process of the vertebra above. But, holding the axis at the articulating points, you can readily see that if you shift the body of the vertebra you are bound to throw the spines of the vertebræ out of alignment.

Dr O. S. Runnels: Until recently I was skeptical about dislocation of the pelvic joints, especially the sacro-iliac joints. While I was yet driving horses, I had a runaway; the carriage was overturned, and in striking the ground with my left hip I received a very painful sprain of the sacro-iliac joint. It was a long time before I regained normal use of my left leg. That started my study of the luxations of the pelvic joints.

The sacro-iliac union is a broad and very strong one and the skepticism about the possibility of breaking it up or wrenching it apart is not to be wondered at. I have known of several of these cases. Within six months I have had a case of labor during which this accident occurred. Aside from tenderness and difficulty in turning in bed, it was not discovered until she attempted to walk. The leg on that side was found to be an inch longer than the other, and the condition had to be differentiated from other hip abnormalities. By flexing the leg upon itself and upon the abdomen and making a rotary and swinging motion from within outward the bony surfaces resumed their normal relations. But it required care and massage for some time before all the tenderness and neuralgic pain disappeared. Luxation of the pelvic joints is not only possible, but is more frequently encountered than many suppose.

Dr. Hinman: This is a field that has been neglected more than any other. In a large proportion of these cases there is a physical cause, removal of which will bring about a great improvement. By standing aloof from this department of physical treatment, the medical profession is doing itself amazing injury. If we do ourselves justice, we shall include this in our curriculum.

Dr. C. A. Dewey: Do I understand the statement to the effect that this is a large aperture? Isn't it possible that the nerve would not

have to be pressed upon by two bony objects? You do not have to step on a nerve to have feeling. With a little subluxation, would not the pressure of soft structures be enough to distress this nerve? I understood the essayist to say it would be impossible to get any effect on that nerve.

Dr. Hooker: If subluxation producing pressure on this nerve is the cause of pain, why do we not also from pressure get paralysis? There should be with these cases paralysis and loss of function, just as much as pain. Why do they not occur?

Dr. Patchen: We do get it if the pressure is enough.

Dr. Hooker: In my opinion, it is comparatively rare. The main symptom is pain. Paralysis and loss of power are uncommon in these cases. If pressure on a sensitive nerve occurs, the results of violence more or less severe will follow. But what I don't understand is how the spinous processes can be wrenched so that pressure on a sensitive nerve alone will follow, and not on the motor nerve at the same time.

Dr. Dieffenbach: When you injure a motor nerve and make electrical tests for reaction of degeneration, you frequently find reaction of a very mild degree. In such cases, possibly, you have very little or no manifestations of true paralysis, while at the same time your sensory nerve injured in the same area will be pronounced in its manifestation of pain. If this area continues, if one neuron after another degenerates, and your electrical tests gradually show an increasing reaction of degeneration, then you will get gradual loss of motor power and paralysis. Pain may increase. It is largely a question of degree and time in differentiating those two points. You may have pain without paralysis and the paralysis may be subsequent to pain, from the gradual deterioration, and your faradic and galvanic tests will demonstrate that very easily.

Dr. Hooker: Would it be possible to have subluxation and pressure on the sensory nerve without some involvement of the motor?

Dr. Dieffenbach: That would depend on the amount of pressure. You could have sufficient pressure there in a traumatic subluxation, I am sure. I have seen a number of traumatic subluxations following falls from buildings, for instance, on which I have taken x-ray pictures and found subluxations.

Dr. Hooker: Without fracture?

Dr. Dieffenbach: I think so.

Dr. Hooker: Of course it is much more if you have a fracture.

Dr. Dieffenbach: You may not discover the fracture. But we certainly could show pronounced subluxations of the cervical vertebræ. I could show you a number of those if you would drop into the office. We have the visible evidence of a subluxation without necessarily showing fracture. Paralysis is a question of gradual degenerative process in the neuron. The sensory nerve may be injured much easier and much more readily than the motor nerve. I think the resistance is greater in the motor nerve.

Dr. Patchen: A great deal of the difference in opinion that exists concerning the possibility and significance of a subluxation is due to

the failure on the part of many to comprehend what a subluxation really is.

I would define a subluxation as any permanent deviation, less than a complete separation, of the normal position of the center of the field of motion of one of the opposing surfaces which form a joint.

This can be illustrated by placing two spools of thread of the same size, end to end in such a manner that the center of one end corresponds exactly to the center of the other. Now if the end of one spool is moved slightly, either to the right or left it will represent a subluxated vertebra because the center of the field of motion is no longer opposite or in contact with that of its fellow.

A physiological subluxation, therefore, occurs temporarily to one or more vertebræ with every natural movement of the spine, especially when it is carried to the extreme limit. It would become pathological, requiring correction, should it become fixed in this position as often happens by the contraction of attached ligaments as a result of traumatism. When a vertebra is in a normal position the center of each articular process is exactly opposite the center of each articular process of the vertebræ both above and below it.

Now, if any jar, fall, or any undue stress should force this vertebra to assume a position slightly removed, either way, from the normal it would suffer a subluxation. The center of motion becomes changed, and while there is freedom of motion in every direction, as before, except a lessening of that opposite to the direction taken by the subluxated vertebra, the patient may not know he has a subluxation. But there must be some pressure, somewhere, because I contend that if every joint in the body were in a normal position, if there were no pressure upon a nerve anywhere, nobody would be seriously ill. I go as far as that. I maintain that there is a physical basis, an anatomical basis, for every disease from which we suffer.

Dr. Cole: Cervical vertebræ have a wide latitude of mobility, but dorsal have very little. The difference in their anatomy admits of the difference in their mobility.

As to the question of nerve pressure, both the anterior and the posterior roots make their exit as one nerve, but the intervertebral foramen through which they pass is so large that no pressure on the nerve is possible with any mobility possible at any part of the column without fracture of something, and fracture without direct violence that would not pass unnoticed. Every football player, and every boy having a tussle with a fellow, would produce greater revolution of his vertebræ, and more strain than would be possible for any one who could be charged with "having dislocation without noticing it." One member spoke of the pressure of the soft parts surrounding the nerve, that had become swollen through inflammation. That is just my contention as to what actually does happen, that inflammation is due to the local injury from jerks, jars, bruises, and the thousand and one little things that happen to us, unnoticed, as when riding over a country road that is rough. Also in an automobile you will have a continuous repetition of microscopic injuries. The possibility of sacroiliac dislocation I heartily accept, for it is an anatomical possibility,

although its occurrence is very rare. The articulation here is much like that at the acromioclavicular joint but is much stronger. The vertebræ are held together and to the ribs by so many strong ligaments, and by such dovetailing of their processes that dislocation is impossible, especially in the thoracic region.

A vertebra with its spinous processes retained out of alignment may still be within the limit of normal, physiological mobility, but retained out of alignment by inflammatory exudate; if this exudate be broken up, by whatever process, the processes will come back into line. According to the medical dictionary a luxation is a dislocation. A mal-alignment within the limit of normal, physiological mobility cannot be a dislocation, even if it is held in mal-alignment by inflammatory adhesions. Any mal-alignment that can be returned to normal position by manipulation, and the patient immediately become normal, is not a dislocation, luxation or subluxation. I would like to have Dr. Sutherland give his opinion. He has spent many years teaching anatomy.

Dr. Sutherland: Instead of theorizing about such cases as have been referred to, and instead of relying upon the sense of touch, or upon some possible dislocation we may imagine we see or feel through the back, we should take all our cases, and that is what I do, to the hospital for x-ray examination; and then before making any interpretation of the radiogram, it is well to look up our anatomy.

Not only are the vertebræ wonderfully united by their articular processes, but they are intricately bound together by numerous and strong ligaments, so that especially in the thoracic region it is almost impossible to induce the slightest dislocation. It is different, I think, with the cervical vertebræ, which are less closely united and are very much more movable; it was evidently intended that they should be.

In the thoracico-lumbar joint there is also considerable mobility, but when we get down into the real lumbar region itself, there we get some of the toughest and strongest interarticular joints that we find in the body, and it is very difficult indeed to disarticulate the vertebræ in the slightest degree.

As far as the intervertebral foramina are concerned, they are big enough to let a half dozen nerves come through, although we must remember that the ganglia of the spinal nerves are found chiefly in the intervertebral foramina. I think here the pressure question has to be considered as suggested by Dr. Dieffenbach. If there is pressure enough there is going to be paralysis. If there is only moderate pressure there is going to be pain without paralysis.

The points I want to emphasize are, first, the anatomy of the is overlooked clinically; second, the great value of the x-ray in determining the existence of any distortion or dislocation of the vertebral column. The sense of touch is most misleading and we are guilty of neglect if we do not make use of the x-ray in the diagnosis of the vertebral column and the spinal nerves, the importance of which class of cases under discussion.

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SARAH M. HOBSON, Ph. B., M. D. . . . . EDITOR

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EDITORIAL

The Papers of the Baltimore Session. It is the custom of the July JOURNAL to present the President's Monday evening address before the Institute and as many of the addresses of the chairmen of bureaus and presidents of affiliated societies as come to the editor's desk before the Institute session. If the papers included in this month's budget are a prophecy of the 1916 program, we shall have a week of material to insure attentive and appreciative audiences. The President's Address should renew an interest in homœopathic history. The members of state board examiners are invited to answer Chairman Coleman's question, "Is it not a mistake to exclude materia medica from state examinations?" It certainly is. We believe unreservedly also that every physician who earns a license to practice should be examined in homœopathic therapeutics, whatever may be his ultimate color of practice. Therefore it behooves the homœopathic profession in every state which has a medical department in the State University, not only to continue to make good, but to demonstrate the economic superiority of homœopathic therapeutics. Dr.

Young's standard for the Surgical and Gynecological Society is worthy of emulation in every other affiliated society. And the address on Clinical Research strikes a like clear note for first class work. Here's hoping the business of the Institute will have an equally good send-off. *S. M. H.*

"Their Functions When Made." Dean Hinsdale at Ann Arbor has been helping to fashion doctors for many a year. He showed his skill in selecting young men when he helped inaugurate the faculty for the College of Homœopathic Medicine for the Ohio State University. He showed his disposition to train the younger men for responsibility when he turned over the editorship of the *University Observer* to junior members of the faculty. And so, when Dr. Hinsdale presented a paper on "How Doctors are Made and Their Functions When Made" before the Southern Homœopathic Association, we awaited its publication with a good deal of interest. The *North American Journal of Homœopathy*, April, 1916, has the honor of publication. One paragraph stands out throwing a strong side light on the author as well as delineating the desirable physician:

> Were I asked what kind of a doctor the four-years' medical course should produce I should describe him about as follows: He can be a plain-clothes man in medicine; one who thinketh not of himself as a specialist in any one or in several particular things; and is always ready to meet Nature as a consultant at the bedside, prepared by his differentiating sagacity, his selection of the proper means for relief and by attention and good care to give her a lift in helping some individual over a rough spot upon the pathway of his life. He will go forth as an intelligent manservant to beat back the germs of infection, to fortify invaded tissues, to restore perverted functions, to correct malnutritions, to assist parturient forces in bringing new recruits to the ranks of humanity; always bearing in mind that the chief end of all hygiene, of all prophylaxis, of all treatment, of all surgery, is summed up in the phrase —to make individuals more comfortable.

But growth and development are essential to a living organism, therefore, our Dean continues:

> I wish our profession, in so far as it can do so through its organizations, might go on record in regard to this matter of higher medical education and the making of our own specialists. I claim no priority in this suggestion: I am only repeating it and trying to emphasize its importance. It is a poor excuse to say that it is too great an undertaking. Men who accomplish even matters of minor importance are usually those who are always striving for more than they get. Occasionally a pleasing surprise springs up.

The purpose to make people more comfortable and a passion to do more and better in the future is a pretty fair summary of the meaning of a professional life. It is good to have such teachers. *S. M. H.*

Thomas Franklin Smith. Every week and sometimes twice or thrice, there has passed from the Treasurer's office to the Secretary's carefully compiled "JOURNAL credits" and such other memoranda as came to the Treasurer's office and belonged also to that of the Secretary. There was always the same simple, rigidly sincere subscription, "Your friend." To a large circle of personal friends, Dr. Smith was "Uncle Frank," but few friends of recent date would presume to enter that circle. Eighty-three years of active work covers a long experience. Dr. Smith received his medical degree in 1860 and served as surgeon and chaplain in the Civil War. In the year of his graduation, he joined the Institute. After thirty years of membership, his name appears as Assistant Treasurer, and nine years later he became Treasurer. New York is commonly accounted cold and quite empty of sentiment, but on one or two occasions when mention was made of the possibility of any other candidate for treasurer, the reply came sharp and decisive, "New York never will initiate nor indorse any movement to change the candidate for treasurer." And Thomas Franklin Smith had his wish, to continue his office throughout his life. Never will the Institute have more self-sacrificing, conscientious service. *S. M. H.*

Hospital Properties. The April issue of the *University Homœopathic Observer* gives fifteen pages to illustrations of the homœopathic properties at Ann Arbor. During the past winter, the average number of patients daily has exceeded one hundred. Every case is for clinical study. No private patients are received. The staff of the Medical School numbers sixteen men in full time employ. Dr. Clyde B. Stouffer, homœopathic member of the staff in the University Health Service, has taken care of 36.4% of all the students of the University applying for medical aid. Dr. Stouffer gives a First Aid course to the members of the schools of Engineering and Forestry.

Hospital Statistics. In the San Francisco Hospital, the county patients are apportioned in rotation to the medical staffs of the University of California, of Stanford, the Policlinic, College of Physicians and Surgeons, and Hahnemann. Data of the old school patients have been combined for the sake of comparison with the records from Hahnemann Hospital. The following record is submitted by Dr. Cuthbert Fleissner in the *Pacific Coast Journal of Homœopathy* for April, 1916:

Period, January, 1912, to January, 1914.

Pneumonia, 240 cases. Mortality: Homœopathic, 42.9%; Old School, 56%.

Average number of days in hospital, recovered cases: Homœopathic, 16.04; Old School, 18.8.

Typhoid, 80 cases. Homœopathic, 8.33% mortality; Old School, 16% mortality.

Investigation of this high mortality disclosed the fact that many cases died within the first twenty-four hours, some within a few hours.

Second period, January, 1914 to January, 1916.

Pneumonia. Homœopathic, 43 cases, 18 died; 8 of them within 24 hours after admission.

Old school, 188 cases, 104 died; 22 of them within 24 hours. Gross mortality. Homœopathic, 41.8%; Old School, 55.3%.

Omitting those dying within 24 hours: Homœopathic, 28.5%; Old School, 49.4%.

Average days in the hospital: Homœopathic, 24.27%; Old School, 29.89%.

Typhoid: Homœopathic, 12.5% mortality; Old School, 25% mortality.

Average days in hospital for recovery: Homœopathic, 70.7; Old School, 67.8.

A statistician would present the following deduction: If all the pneumonia of the past two years had been under homœopathic care, 35 lives would have been saved. By investigating the age of death, a monetary value running into the thousands could be placed on these lives. At the rate of a dollar a day, four hundred fifty dollars could have been saved in hospital care.

From the *Iowa Homœopathic Journal* for February, 1916, the following statistics are reported from the Annual Reports of the University and Homœopathic Hospitals:

Third Annual Report, University Hospital: Surgical Department, 561 cases, 4.6% mortality. Gynecological, 143 cases, 4.8% mortality.

First Annual Report, Homœopathic Hospital: Surgical, 151 cases, 1.9% mortality. Gynecological, 99 cases, no deaths.

In the following year:

University Hospital: Surgical, 701 cases, 2.2% mortality. Gynecological, 157 cases, 1.9% mortality.

Homœopathic Hospital: Surgical, 154 cases, 1.2% mortality. Gynecological, 65 cases, 1.5% mortality.

If the homœopathic surgeon can save the life of one or two more patients in every hundred than can his old school colleagues, he certainly has justified his existence. . . . It is upon such facts that the Legislature of the state of Iowa feels justified in maintaining surgical chairs in the College of Homœopathic Medicine in the State University.

These statistics agree in a general way with ordinary observations in general practice. It is well worth painstaking record over long periods of time to establish statistics of therapeutic values. In an age of intensive work in every department, the best results in internal medicine will come from accurate knowledge of a small group of well-known, well-proven remedies, rather than dissipating energy in superficial work on a great number. *S. M. H.*

The Philadelphia Merger. Graduates of Jefferson Medical College in Philadelphia have been ardently loyal, and therefore the announcement, that in this merger of three Philadelphia medical colleges, Jefferson would not lose her identity,

was hailed with distinct pleasure. The merging of Jefferson and the Medico-Chirurgical with the Medical Department of the University of Pennsylvania is a commentary on the sane criticism of the laity, "Why not unite rather than compete?" The laity may be jealous and envious of their comrades in their own social or political circles, but they cannot understand why technical people should have internal quarrels. Under the plan for union, the Philadelphia school will enroll more than a thousand students in medicine. By thus uniting their fortunes, Philadelphia aspires to particular eminence as a medical center with the elective system of the Continent.

Internal Medicine. A correspondent sends in an interesting account of the quick response of an infant to homœopathic therapeutics. Pediatrics furnishes a particularly inviting field for internal medicine because no other patients respond so quickly as they, perhaps because they are less often under toxic influence of drugs or of unassimilated food. In this day when the majority of the medical profession are drug nihilists, there is an uncommonly good opportunity for the painstaking homœopathic practitioner to make a record in internal medicine.

Bert B. Clark, Assistant Treasurer. At the annual business session of the Institute for the past six years, Dr. Thomas Franklin Smith has made the request, at the conclusion of his report as Treasurer, that the Institute appoint Dr. Bert B. Clark of New York City, Assistant Treasurer, to act in the event of the disability of the Treasurer. Dr. Clark has therefore assumed that responsibility. The work of the Treasurer's office is going on without interruption. Members are requested to be prompt as usual in reporting at the Treasurer's desk at the Institute session at Baltimore.

THOMAS FRANKLIN SMITH

April 26, 1833-June 6, 1916

An Appreciation

By J. Richey Horner, M. D., Cleveland

"Uncle Frank has gone"—That message will thrill the heart of nearly every member of the Institute, for to the Institute member he was more than the treasurer, more than the mere colleague, he was, well, he was "Uncle Frank." There is a whole wealth of love, even reverence in that title. Just how much it meant to us each must answer to himself.

Thomas Franklin Smith was a pioneer. The year he became a doctor he joined the Institute, following in the footsteps of his preceptor, Dr. E. M. Kellogg. He was twenty-seven years old, his training the product in part of the Friends' School in New York City and of the New York Medical College, from which he graduated in 1860. He became surgeon to the Eighth regiment, National Guard of New York, and with that regiment went to the front, being at the first battle of Bull Run. He served throughout the entire war as assistant surgeon with the rank of Major. As a sequel of that service he was appointed Examining Surgeon for pensions and served in that position for more than thirty years.

Meantime he had returned to New York City and again begun the practice of medicine. He interested himself in all the activities of his profession. For many years he was on the staff of our Metropolitan and Hahnemann hospitals and

the city Dispensaries. In 1891 he was elected assistant treasurer of the Institute—relieving his preceptor, Dr. Kellogg, of the detail work of that office. Upon the death of Dr. Kellogg in 1900, he was elected treasurer and was thus, this year, completing a full quarter of a century of service in the office of Treasurer. During his first year in office he handled $4,472.60. His last report showed that the total receipts for the year were more than $17,000.00. During the entire period he was present at practically every meeting of the Institute and his reports were never questioned—never needed a correction. Comment is unnecessary.

Few men have rounded out a half century of membership in the Institute. But our friend found in the California meeting his golden anniversary. Here the love of his colleagues bore fruit in a golden shower. Characteristic of him was the acknowledgment he made. He did not recount his achievements. In no way did he speak of himself. Instead, he made an impassioned plea for the Homœopathy of Hahnemann. He plead with all the eloquence of a profound belief in its principles. His whole thought that evening was that the future of the School of Medicine, to which he had devoted his life, should be made secure and he poured out his heart to his colleagues in the Institute in this plea to make it so.

Not content with the work involved in his duties as treasurer, he took up that of collecting and recording the statistics of Homœopathy in the United States and to each volume of the Transactions for the past twenty-five years he has contributed a report, the value of which can scarcely be estimated.

As an index of his personal character was his habit of remembering the birthday anniversaries of his friends. He kept a record of these and each year sent a birthday card.

It is difficult to give a true value to the services such a man has rendered to the world. His personal life absolutely without a blemish, his life in his church of such a nature as to endear him to all with whom he there came into contact, his professional life marked with that perfection of attitude which very, very few men attain, his life in his home that of the most devoted husband and father, we cannot but feel that he was of the sort of men for whom are reserved the highest places in the Great Beyond.

We have not at all attempted to tell the details of his life. Eighty-four years is a long span and when they are spent as

he spent his, they mean that the world is better because he has lived. From the beginning he lived his life well. His last consciousness was concerned with his duties. Truly he was "Faithful unto the end."

A Personal Friendship

[Dr. Horner's letter in reply to the Editor's request for a memorial to Dr. Smith is one of the fine fruits of friendship, and herewith given to the Institute membership.]

Ordinarily it would not mean much to me to write of the good deeds of an associate, but when I come to writing about Dr. McClelland and Uncle Frank my mind runs riot and I have had hard work to control it. Needless to say this memorial does not satisfy me. There is so much I might have said and did not. While I cannot conceive that any member of the Institute would object to even the most laudatory attitude I might have adopted, yet I could not take any chance of being extreme. So I have written this simple thing which fails utterly to express the love I had for him—a love born of twenty years of the closest kind of relationship, possible only to two who for years have shared the same room at Institute meetings and who many and many a time have had midnight talks about the Institute. I feel lost personally bereft—as I might if my own father had been taken.

Very sincerely,

June 15, 1916. J. Richey Horner.

EAST WINDOWS

Steady is the patter of the rain upon the canvas,
Falling on the roof of the sleeping porch at home,
Telling of the nights of rain upon the lean-to
In the ruddy marshes where the wild deer roam.

Blue is the lake, lying by the city,
Seen from the buildings high above the streets.
Blue are the little lakes lying in the valleys,
Fed by the snow caps untrod by human feet.

Wide is the wilderness where we have never wandered,
We must be there ere the first leaves fall,
Looking for the youth that we lost within the cities,
Searching for the years that are gone beyond recall.

—*Chicago Tribune.*

ANNOUNCEMENTS

Applications for Membership

Henry C. Allen, M.D., 179 Lake Ave., Rochester, N. Y.

William Altman, M.D., 81 Emily Ave., E. C., Cleveland, O.

Minnie W. Bazely, M.D., St. Stephen's Hosp., Delhi, India.

Wm. Hatfield Caine, M.D., Willoughby, Ohio.

Rosetta A. Cootner, M.D., 19 W. 101st St., New York, N. Y.

Milton B. Crafts, M.D., Chagrin Falls, Ohio.

Ralph G. Follansbee, M.D., 195 W. 9th Ave., Columbus, O.

Weiss Wilbur George, M.D., 7615 Lockyear Ave., Cleveland, Ohio.

Herman O. Hodson, M.D., Washington Court House, O.

Calvin C. Jordan, M.D., 331 Pilgrim Ave., Highland Park, Mich.

Grant M. Kistler, M.D., 111 E. Bertsch St., Lansford, Pa.

Margaret C. Lewis, M.D., 4027 Spring Garden St., Philadelphia, Pa.

Jennie Medley, M.D., 1820 Diamond St., Philadelphia, Pa.

Bessie N. Newcomb, M.D., Carleton, Mich.

Winfred Overholser, M.D., 482 Worcester St., Wellesley Hills, Mass.

Ida V. Reel, M.D., 4027 Spring Garden St., Philadelphia, Pa.

Helen B. Roney, M.D., 501 W. 170th St., New York, N. Y.

Charles T. Root, M.D., 45 Holbrook Ave., Detroit, Mich.

Edwin P. Ruggles, M.D., 420 Washington St., Dorchester, Mass.

Marie E. O. Schroeder, M.D., N. Main St., Nanuet, N. Y.

John R. Shoemaker, M.D., Hudson, Ohio.

Don H. Silsby, M.D., Lowell, Mich.

Eugene S. Thornton, M.D., Muskegon, Mich.

Margaret B. Webster, M.D., 1703 Chestnut St., Philadelphia, Pa.

Journals to Complete Files

Journal of the American Institute of Homœopathy, November, 1909. Send to Jane Roberts, Librarian, State University of Iowa Library, Iowa City, Iowa.

The Clinique, May, September, November and December, 1913. Send to Miss Bacon, Hahnemann College Library, 2813 Cottage Grove Ave., Chicago.

Wanted—A Library

Paris, Texas, May 9, 1916.

To the Editor of the Journal:

Our $14,000,000 fire among a population of less than 20,000 persons, destroying 80% of our taxable property, including therein 60% of our residences and 75% of our business houses,

was some little bonfire. It left me seven books out of thirty-five feet of books, and to all intents and purposes no instruments. As I was for the first time in 34 years without insurance, am naturally looking today for bargains in the way of another library; so, if you know of any Doctor's widow desiring to sell a library, I would appreciate her address.

Fraternally yours,

Reginald B. Leach.

84 S. Main St.

CORRESPONDENCE

Homœopathic Research

Department Materia Medica, Hahnemann College, Philadelphia

To the Journal of the American Institute of Homœopathy:

Answering the logical and just position of the value of Homœopathic research the last year, I would say that by correspondence, literature and work in the Department of the Interior, Washington, D. C., we have been enabled modestly to lay claim to the following justifiable conclusions, especially as post graduate students this year in Psychology are being taught according to the lines laid down by Samuel Hahnemann many years ago. This year has been a wonderful success in the recognition of mental symptoms.

The following inferences as to the influence of Homœopathy in general can be drawn:

(1) A vocational use of 62% in service to the public.

(2) Estimated practice in children's diseases of 61%.

(3) Among 683 drug-habitués, only 1/3 of 1% were assigned to homœopathic physicians.

(4) A general reduction in the size of dosage of all schools.

(5) A general reduction in the drug strength of standardized remedies, viz.: aconite, veratrum vir.

(6) A decided sentiment in favor of fresh plant tinctures.

(7) It has simplified the administration of remedies by office prescription.

(8) It has resulted in an increased drug service to the public at a nominal rate, thus lowering the compounding of prescriptions to 41% of what it formerly was.

(9) Its practice calls for a complete mental analysis of the case to be treated, thus teaching what modern psychologists today have advanced as post graduate work.

(10) Original provings of the drug used have never been set aside, notwithstanding the amount of capital and skilled labor that has been aimed at them.

(11) A furtherance of the principle can be had by incor-

porating a trained technician, who by his ingenuity will translate laboratory findings of the future into material for the specific use of homœopathy.

(12) Too much has been expected of the Professor of Materia Medica, when the burden of proof lies with the general practitioner who furthers and supports other and less advantageous therapy.

With your permission I want to define Homœopathy as a **public service** created by the known results of a certain scientific application of fixed principles of drug effects, providing these drugs effects be pure and represent both pathological and psychological symptomatology.

This public service has also recognized that great ingenuity is necessary in the application of these principles to form a system of therapeutics.

These pure drug effects can be readily observed in the workers among chemicals, drug grinders and vocations. This much then of the premise is certain and sure, but the application of the data to the relief of the sick can no longer be said to be matching of symptoms alone, or in other words, likened to a single-handed card pastime of matching symptom with drug effect, but it calls upon the mental ingenuity of the observer to such proportions that it may be said to be composed of at least 12 different and distinct mental processes, and it is this group to which we would call your attention.

At the beginning, let me say that the principle itself has never been disproven and that by actual count its workers are outnumbered 500 to 1 in teaching numbers; for as a matter of record proprietary therapy has at least $596 to every $1 of strictly collegiate therapy at work in our great United States.

Still another psychological event happened when the principle of therapy was paid a signal compliment by being added as a separate and distinct branch to the medical mergers of colleges that have taken place within the last few years.

In Pennsylvania alone the Information Department of the Department of Labor and Industry has received reports from 20,571 industrial establishments in Pennsylvania, indicating 216,299 females employed; the number over fourteen is 216,299.

We are led to believe that good results for our Therapy and Materia Medica can be had from the so-called "unintentional provings," found in the above number.

Notwithstanding the great care that is being exercised in this peculiar industry, there are many instances where pure drug effects can be observed on the healthy human being, and here an experienced laboratory clinician could deduce clinical data.

Plenty of opportunity is afforded, both for subjective and objective symptomatology. Here you will find certainties of drug effects from the gross pathological to the finer mental.

Already the value of this work has been recognized, and a

sum of money set aside in a Western University for this particular purpose; for to obtain positive and exact information concerning drugs cannot but benefit the entire medical profession.

The future of this work is summed up by President Eliot, President Emeritus of Harvard, when he says: "The best part of all human knowledge has come by exact and studied observation made through the senses of sight, hearing, taste, smell and touch."

The first clinic of its kind in the country has been opened this year for the study of Vocational diseases and drug effects; I refer to the University of Pennsylvania Clinic, under the leadership of Dr. Alfred Stengel.

I trust these few thoughts are "fair" progress for a year under difficulties, for Homœopathy has insisted on pure drug effects.

Our previous education in medicine and therapy has been by literature; now we call for proof. Memory studies are also of the past, for now we want a combination of observation, personal induction, and the ingenuity based upon laboratory knowledge, as a control of our therapy.

While it is a question of finance, to some extent, yet more can be had by "loyalty" of the profession to the principle involved, or as a noted corporation puts it: "Our biggest asset is the loyalty of our men, not finance." Yet our bequests have all been dependent upon our propaganda, and have been due to the efforts of the individual physician. With loyalty there can be no difficulty with finance.

Wm. F. Baker, M. D.,
1425 Spruce St.

Cerebral Toxemia and the Homœopathic Remedy

Brooklyn, May 16, 1916.

To the Journal of the American Institute of Homœopathy:

The child in the report herewith submitted responded so quickly to the selected remedy, while two other children in the same family had died a short time before under similar symptoms, that the case is recorded for the readers of THE JOURNAL.

Personal History. Child four months old; born Jan. 6, 1916, at full term; was well-nourished during the first month; then the child had a "bad cold," and lost weight, which was regained; the child was well the night before the acute attack May 7th.

Family history. Great grandfather of the child lived to be 88; grandfather is 62 and well; father living and well; mother healthy and all her relatives long-lived. Brother of patient died two months after birth; was well the night before acute illness; diarrhea of greenish character, high fever, convulsions just before death; an old school physician on the case; child died four hours after onset. Second brother of child died four months after birth; this child had greenish diarrhea, high fever, convulsions; attended by old school physician; died three hours after attack. The other three brothers and sisters living and well.

May 8, 1916. Called to the patient about noon. The father reported that the child started with a sudden fever, followed by muscular twitchings and convulsions. Found the bronchial tubes of the left lung so full of mucus that it was almost impossible to hear the heart beat. The bronchial tubes of the right lung were involved, but not to so great an extent. The child was absolutely quiet because it had a nipple in its mouth. There was dullness over the whole of the left lung and some dullness over the right; temperature 106.4; pulse, 190; respiration, 65; child gasping for breath; tongue coated white; all nourishment had been vomited; seven stools during the morning, watery and green. The eyelids were red and congested; eyes turned down and inward. Thirst marked, as the child would turn the head in the direction of the dropper used in giving water. General muscular spasms, aggravated in the face, but the whole body seemed to be in constant motion.

Treatment and result. Aconite 1x was given; temperature taken the same evening was 102, pulse 150, respiration 50; bronchial tubes of both lungs clearing.

May 9. Child very restless and crying; green stools and vomiting continued. Chamomilla 1x; temperature 102, pulse 150, respiration 50.

May 10. Temperature 98.8, pulse 130, respiration 40; no vomiting, stools only three and turning yellow; tongue pink and clean; child waking with sudden cries. Apis was given.

May 11. Temperature and stools normal; child appeared to be entirely well; no muscular twitchings; no spasms; child sat up and took notice of what was going on in the room.

The severity of the symptoms, the quick response and the unfortunate death of two other babies with similar symptoms make the case worth recording.

Sincerely,

H. H. Johnston, M. D.

8 Willow St.

CALIFORNIA STATE HOMŒOPATHIC MEDICAL SOCIETY

Reported by Dr. A. C. Cowperthwaite

The fortieth annual session of the California State Homœopathic Medical Association was held in San Diego, May 17, 18 and 19. Headquarters were at the U. S. Grant Hotel, and the sessions were held in the assembly room on the eighth floor, a most ideal arrangement. There were about one hundred in attendance. Seventeen new members were admitted. The President, Dr. F. S. Barnard, presided throughout the sessions and displayed unusual ability as a presiding officer.

The President's Address, "The Homœopathy of the Future," was given Wednesday evening after the usual formal address of welcome and response. I regret not being able to give a synopsis of this very able address. Following the President's address, the Society adjourned to the main dining room, where they were entertained by the California State Meissen. This consisted of a dainty spread, during which was given a musical program of a high order, and followed by a unique entertainment of an extremely entertaining and amusing character. I am informed that California is the only state that perpetuates a Meissen organization. It would be a good thing if other states would follow the example. Mrs. F. S. Barnard was president last year, and now the mantle has fallen on Mrs. Philip Rice of San Francisco, wife of the incoming president.

Thursday afternoon was given over to an automobile ride and a visit to the Theosophical Headquarters, Raja Toga College and the Greek Theatre connected therewith. At the College the Society were entertained by a literary and musical program of rare excellence. At the Greek Theatre, located on a bluff overlooking the Pacific, addresses were given by officers of the College, and by Madam Katherine Tingley herself. These were followed by responsive addresses by President Barnard, President-elect Rice, Dr. Geo. H. Martin, Dr. Eleanor Martin and Dr. A. C. Cowperthwaite. The whole program was of a highly instructive character and of absorbing interest. The Society were then taken to the exposition grounds where they were served with tea by the Women's Board of the Exposition, and at seven o'clock a banquet was given to the northern members by those of Southern California, at the Cristobal Cafe.

The officers for the ensuing year are: President, Dr. Philip Rice, San Francisco; Vice-president, Dr. William H. Stiles, San Bernardino; 2d Vice-president, Dr. Alice G. H. Anderson, Los Angeles; Secretary, Guy E. Manning, San Francisco; Treasurer, Dr. T. C. Low, Los Angeles.

Delegates to A. I. H., Congress of States:

J. S. Hunt, Santa Monica; Guy E. Manning, San Francisco;

Philip Rice, San Francisco; William Boericke, San Francisco; W. E. Nichols, Pasadena.

The next meeting will be held at Oakland.

The papers read were all good, but I can only mention a few: "The Carrier as a Clinical Factor," by Guy E. Manning; "Recent Developments in Suspension Laryngoscopy," by Edward R. Kellogg; "The Subtle Causes of Sciatica," by George H. Martin; "Anemia in Relation to Pelvic Operations," by Florence N. Ward; and to those I must add all those read under the Bureau of Materia Medica and Homœopathy, which consisted of a Symposium on the "Methods of Teaching Homœopathic Materia Medica in the Past, Present and Future," conducted by the Chairman, Dr. Philip Rice; "The Past," W. J. Hawkes; "The Present," William Boericke; "The Future," Philip Rice. The whole report was of great interest and elicited an extensive discussion. The report of the Bureau of Medical Education and Statistics, Dr. James W. Ward, Chairman, was also of great interest. It was preceded by the report of the Standing Committee of Fifteen, appointed by the Society for the purpose of developing activities to insure the success of the Homœopathic Department of the State University—to give it state wide recognition and support. An important feature of the report was a recommendation that a fund of $250,000 be raised with which to endow in perpetuity two chairs of homœopathy in the State University. The report was unanimously adopted. Dr. Ward gave a very encouraging report of the conditions obtaining in the University up to the present.

The paper on the "Present Status of Medical Education," by Dr. C. B. Pinkham, Secretary of the State Board of Medical Examiners, was of great interest. He recommended that:

"Legislation should be enacted making impossible the formation of 'wild cat' medical colleges and universities in the state of California. As it is now, any group of men may organize or incorporate such universities or colleges under any euphonic title they may see fit. And their purpose can be as boundless as infinity, professing to teach anything, without restriction or demand as to the qualifications of the so-called faculty. These wild cat colleges can incorporate for the small sum of $10.00, and they are equipped to furnish M. D. degrees to their 'students.' I am in favor of a law that would require such organizations to obtain recommendations from the presidents or deans of at least two universities, and from the president of the state board of health and the superintendent of public instruction."

Dr. Eleanor Martin was appointed a Committee to design a flag or banner for Homœopathy. Dr. Martin had received the same appointment from the Los Angeles County Society. It is hoped to have the banner ready so that it may be carried to the A. I. H. meeting in 1917. Dr. Philip Rice presented a

resolution endorsing the "California dry" laws to be voted on at the election next November. After a heated discussion, the resolution was rejected by a large majority.

The following Chairmen of Bureaus were appointed for next year: Diseases of Children, Dr. Hyman Lischner, San Diego; Mental Diseases, Dr. George H. Martin, Pasadena; Gynecology, Dr. Laura B. Hurd, San Francisco; Anatomy, Dr. B. E. Fullmer, Los Angeles; Materia Medica, Dr. J. S. Brooks, San Francisco; Ophthalmology, Otology and Laryngology, Dr. Winslow, Oakland; Clinical Medicine, Dr. H. L. Shepard, Los Angeles; Obstetrics, Dr. L. K. Allen, Ukiah; Surgery, Dr. F. S. Barnard, Los Angeles; and Public Health, Dr. Howard B. Lackey, Oakland.

The committee of arrangements, and especially the chairman, Dr. Hyman Lischner, deserve unstinted praise for their excellent management of all the details and which so greatly aided in making this one of the most successful meetings the Society has ever experienced.

ANNUAL MEETING OF THE AMERICAN MEDICAL EDITORS' ASSOCIATION

The annual meeting of this Association will be held at McAlpin Hotel, New York City, on October 25th and 26th.

A most interesting programme is in course of preparation and the Local Committee, composed of the following members is an assurance of a successful convention.

Dr. Thomas L. Stedman (Editor, *Medical Record*), Chairman.

Dr. R. H. Sayre (*New York Medical Journal*).

Dr. Brooks H. Wells (Editor, *Amer. Journal of Obstetrics*).

Dr. Frank C. Lewis (*International Journal of Surgery*).

Dr. Ira S. Wile (*American Medicine*).

The Officers of the Association for 1915 and 1916 are as follows:

Dr. Edward C. Register, President. (*Charlotte Medical Journal*, Charlotte, N. C.)

Dr. W. A. Jones, 1st Vice-President. (*Journal Lancet*, Minneapolis, Minn.)

Dr. G. M. Piersol, 2nd Vice-President. (*American Journal Medical Sciences*, Philadelphia, Pa.)

Dr. J. McDonald, Jr., Secretary and Treasurer. (*American Journal of Surgery*, New York.)

Executive Committee

Dr. C. F. Taylor (*Medical World*, Philadelphia, Pa.)

Dr. John C. MacEvitt (*New York State Journal of Medicine*, New York.)

Dr. A. S. Burdick (*American Journal of Clinical Medicine*, Chicago, Ill.)

Dr. Joseph MacDonald, Jr. (*American Journal of Surgery*, New York.)

The meeting on October 25th and 26th, will be devoted exclusively to problems of a strictly journalistic nature, which will be of importance and interest to every editor and publisher of a medical journal. Among the papers to be presented are the following: "Editorial Control," "The Editor's Prerogative in Editing Original Articles," "Book Reviews in Medical Journal," "Problems of the Subscription Department," "The Relationship Between Medical Journals of the Day," "The Up-Lift in Medical Journalism," "The Influence of the Medical Press and Profession in Public Affairs," "The Rights of an Author in the Disposition of His Contribution."

ORIFICIAL CLINIC AT WASHINGTON, D. C.

June 19-22, 1916

On the invitation of several organizations, Dr. E. H. Pratt of Chicago, founder of the National Association of Orificial Surgeons, will spend the week of June 17 to 24 in Washington. The following arrangement has been made of his time:

Monday, June 19, 3:30 p. m., Woodward & Lothrop's auditorium, seating capacity 800.

Free public lecture on "Disease as a Cause of Delinquency and Crime," auspices Parents' League. Judge J. Wilmer Latimer of the Juvenile Court will introduce the speaker, Dr. Pratt. This meeting is arranged with the approval of the school authorities.

Tuesday, June 20, 12:30 noon, Providence Hospital, seating capacity 40.

Three operations, under the auspices of the Women's Evening Clinic. The cases chosen for this clinic will probably be:

Hemorrhoids and anal fistula, in a chronic asthma case.

Vaginal hysterectomy, in a woman who has borne ten children, and has a mass of scar tissue in cervix.

Ventrosuspension of the uterus, with circumcision and other orificial work.

Wednesday, June 21, 2 p. m., Sibley Hospital, seating capacity 12.

Auspices Women's Evening Clinic, three cases, to be selected with reference to demonstrating Dr. Pratt's method of handling reflex ailments due to impingement of the sympathetic nerve, at the orifices of the rectum, the urethra, the vagina and the uterus. Cases similar to those of the previous day will be chosen.

Thursday, June 22, 9:30 a. m., Freedman's Hospital, seating capacity 175.

Part of the summer post-graduate course, probably three operations, to be selected from cases in the wards, illustrating

the correction of Lane's kink, and other intestinal irregularities; and such rectal, uterine or preputial operations as the cases may require.

Doctors are invited to attend these clinics, without charge, and also to confer with the Clinic Committee, if they have some especially interesting cases to offer for examination or operation.

Dr. Pratt lectures while he operates, explaining both the technic and the underlying principles of each operation.

Clinic Committee:

Elnora C. Folkmar, M. D., 1818 N. Street.
Cora Smith King, M. D., 51 The Olympia.

BANQUET OF HAHNEMANN ALUMNI

Reported by the Secretary, Dr. Wm. E. Boynton

The annual meeting and banquet of the Alumni Association of the Hahnemann Medical College and Hospital was held at the Auditorium Hotel on the evening of June 7th. The weather was very inclement, having been designed especially for the suffrage parade and the national convention then in session in Chicago, but despite this very unpropitious weather, the loyalty of the Alumni was manifest by the presence of over a hundred members, a number of whom were out of town members, who had come into the city especially to attend the meeting.

One new and very pleasing feature of the occasion was the presence of the faculty and graduating class of the hospital training school, it having been decided to make the Alumni Meetings a joint gathering of the College and Hospital. Twenty-two of the twenty-four graduating nurses were present and much credit is due Miss Horn for so arranging the hospital force as to enable so large a number of nurses to be "off duty" on this occasion. This being one more incident of the high grade efficiency of our Superintendent, under whose able management Hahnemann Hospital had displayed the phenomenal development which is most creditable to the management and pleasing to the staff and our friends.

Following the banquet a brief business session was held and the routine business of the Association transacted with very creditable dispatch, under the supervision of our Second Vice-President, Dr. Harpel. The following officers were elected for the ensuing year:

President, Dr. E. E. Vaughan, Chicago.
First Vice-President, Dr. Katherine James, Rockford.
Second Vice-President, Dr. T. H. Plank, Chicago.
Secretary, Dr. W. E. Boynton, Chicago.
Treasurer—Dr. R. A. Melendy, Chicago.
Necrologist, Dr. P. M. Cliver, Chicago.
Executive Committee, Dr. A. H. Gordon, to serve for three years; Dr. T. E. Costain, to serve for two years; Dr. C. F. Greene, to serve for one year.

The notable feature of this business meeting was the decision rendered to continue the Alumni Meeting and Banquet independent of the annual meeting of the State Society, the changing of the by-laws to provide for the election of but one member of the executive committee yearly, and the decision to hold the annual meetings of the Alumni Association of the College and Hospital conjointly.

Following the business session, a brief program was rendered. The address of welcome to the new members on behalf of the Alumni Association was delivered by Dr. Julia Strawn, who, despite a strenuous participation in the suffrage parade of the afternoon, gave an address most creditable to herself and to Hahnemann Alumni Association, and ringing with a clear plea for loyalty to the Alumni Association, to our Alma Mater, to the high ideals of our profession and to the virile responsibility of American Citizenship.

Dr. Strawn is the baby member of the Board of Trustees of Hahnemann Hospital and her success and high standing as a member of our profession and her unalloyed enthusiasm for Hahnemann Hospital, promises much as a direct result of her service on the Board of Trustees.

The response in behalf of the class of 1916 was given by Dr. Huggins, and bore evidence of the capability of our students along other than strictly professional lines.

Dr. Ritter followed with a prophetic reminiscence of the class of 1916, as read from an old scrap book of our fellow alumnus, Dr. Marley.

The program was interspersed by orchestral and vocal selections, the talent and high qualities of the entertainers being very creditable to the taste of our executive committee.

Following the program the hall was cleared and the remainder of the evening spent in dancing. If we can judge from the pleasure evidenced by members of our faculty, who in accordance with the current idea of preparedness, had left their lady managers at home, as well as that of the single members of our Alumni Association, the adding of the nurses and hospital faculty to our membership, is a feature which has met with unqualified approval.

GENERAL NEWS

California. The fortieth annual meeting of the California Homœopathic Medical Society, Dr. F. S. Barnard of Los Angeles, president, was held at the U. S. Grant Hotel, San Diego, on May 17th. It was a three day session. Among the prominent physicians on the program were Drs. James W. Ward and William Boericke of San Francisco, and Dr. W. J. Hawkes of Los Angeles. Dr. Hyman Lischner, assisted by the Meissen of California, inaugurated a reception on the opening evening. The same committee gave an automobile ride along San Diego Bay and out to the exposition grounds on the afternoon of the 18th.

E. H. King announces removal to 145½ North Seville avenue, Huntington Park.

Colorado. Dr. P. P. Collins, formerly of Grand Junction, announces partnership with Dr. Norman G. Burnham, 708 14th street, Denver, for the practice of medicine and surgery.

Dr. G. G. Lamb has been obliged to surrender his practice on account of ill health. He has gone to St. Petersburg, Florida, to recuperate.

Connecticut. The sixty-eighth annual meeting of the Connecticut Homœopathic Medical Society, Dr. George E. Evans of Branford, president, was held at the Hartford Club, Hartford, on May 16th. Among the out of town guests were Drs. H. M. Imboden, William H. Bishop and Rudolph Rabe of New York.

Delaware. The medical profession of Wilmington—both homœopathic and old school—have been unanimous in one thing—raising the usual fees for medical service, to a minimum of one dollar for office, two for outside calls and three for night calls. This is so reasonable a thing to do that it should not occasion any dissent.

District of Columbia. The American Association to Promote the Teaching of Speech to the Deaf is authorized to pay three hundred dollars from the Alexander Graham Bell Grosvenor Memorial Fund for the best essay on the subject of teaching and training little deaf children in the home. The essay must be received on or before twelve o'clock on November first, and shall consist of from 20,000 to 21,000 words. The further conditions of the contest may be learned from the Volta Bureau, 1501 35th St., N. W., Washington.

Dr. Cora Smith King and Dr. Elnora C. Folkmar, clinic committee, announce a four day clinic under the direction of Dr. E. H. Pratt of Chicago, as a tribute to Dr. Pratt as a teacher. This clinic precedes the session of the Institute and will serve as an added attraction to bring physicians to Baltimore.

The committee on the Hahnemann Monument plan to make Scott circle an objective point in the automobile ride of July first.

Illinois. Dr. H. R. Schofield report from Hahnemann Dispensary for May:

Medical		Surgical		Gynecological		Pediatrics		Mental and Nervous	
New	Old	New	Old	New	Old	New	Old	New	Old
88	231	51	98	31	127	35	89	13	41
Eye and Ear		Nose and Throat		Venereal		Dermatology		Obstetrics	
New	Old	New	Old	New	Old	New	Old	New	Old
148	309	62	48	16	26	35	48	13	26

Total new patients..... 492
Total old patients..... 1,043

Total old and new patients..... 1,535

Dr. Fredrica Baker will not be able to resume practice until September, when she hopes to return with renewed health.

The Daily News sanitarium in Lincoln Park opens its summer work June 26th; Dr. Joseph P. Cobb, Chief of Staff, and Dr. Rhoda Barstow, Superintendent as last year, with a full corps of resident and attendant physicians.

The Jackson Park Sanitarium for babies is in charge of Dr. Harriet Ballance, under the management of a board of South Side club women.

A small fire with explosion of gases occurred in April on the top floor of one of the buildings of the Abbott Laboratories. Newspaper reports of this accident were grossly exaggerated. The damage was small, consisting mainly of broken window panes and cracking of temporary partitions. The plant and machinery were injured but slightly, and the entire force went to work the next morning as usual. The Abbott Laboratories have issued a statement positively denying the newspaper reports that this firm is or has been engaged in the manufacture of ammunition or explosives.

Indiana. At the fiftieth annual meeting of the Indiana Institute the 17th and 18th of May, the constitution was amended to enable affiliation with the American Institute of Homœopathy. Hotel Washington, Indianapolis, was the place of meeting. Dr. Sawyer of Marion, Ohio, was a guest of the society. The officers elected for 1916-1917 are C. R. Armstrong, Thorntown, president; W. H. Baker, Terre Haute, and L. E. Bracken, Columbus, vice-presidents; Herbert Baker, Lebanon, secretary and John B. Talmadge, Ladoga, treasurer. The society endorsed federation and named delegates to the Congress of States at Baltimore.

Iowa. The University Homœopathic Hospital was the meeting place of the annual meeting of the Hahnemann Medical Association of Iowa. The officers of the ensuing year are Dr. Archie Woodmansee, Decorah, president; F. O. Richards, Winterset and Dr. Mary Nelson Hotchkiss, Webster City, vice-presidents; Dr. John W. Cogswell, Iowa City, secretary; Dr. M. A.

Royal, Des Moines, treasurer, and Dr. Harriet Messinger, necrologist. More than a hundred assembled for the banquet at the Jefferson on the 11th. Dr. Dewey, of Ann Arbor, gave his illustrated lecture on "Homeopathy Around the World." Dr. Bailey of Lincoln, Neb., was a guest, also Dr. King, aged ninety-one, the oldest homeopathic physician in Iowa, a man physically and mentally vigorous.

Massachusetts. Boston University is disturbed over the prospect of losing President Murlin, who has achieved the success of materially increasing the annual budget, and yet living entirely within current income. Under President Murlin's administration the University has made itself known in Boston as a distinct civic asset.

Of the four medical schools in Boston, Harvard, Boston University, Tufts, and P. and S., Boston University heads the list at the recent state board examination with only one failure, representing 4 per cent; Harvard, 6.5 per cent; Tufts, 13.5; P. and S., 39.3 per cent.

On June fifth, the medical faculty gave a reception to the graduating class at the Medical School on East Concord street.

Dr. Marion Coon of Boston announces the opening of her summer camp for girls from six to sixteen at Wilmington, Vermont. The camp is on the shore of a small lake, remote from town and gives excellent opportunity for wholesome fun under ideal supervision.

Michigan. The Michigan Homeopathic Medical Society held a three day session at Ann Arbor, May 16th to 18th. A registration of 259 made the meeting the largest on record. The 1917 session will be held in Detroit. The officers are Dr. Luther Peck, Plymouth, president; Dr. C. B. Kinyon, Ann Arbor, and Dr. Harriet Knott, Saginaw, vice-presidents; Dr. A. B. Smith, Grand Rapids, secretary, and Dr. Neil Bentley, Detroit, treasurer; Dr. William M. Bailey, Detroit, necrologist.

The following changes in staff of the Hospital at Ann Arbor are announced: Dr. C. B. Pillsbury, senior assistant under Dr. H. M. Beebe, resigns to enter general practice in Ann Arbor. Dr. Howard Holcomb, resident physician at the hospital, becomes senior assistant. Philip E. Hayes, Howell, Ky., a senior in college, is appointed junior assistant in surgery. Dr. Harry M. Sage, senior assistant under Dr. Dean Myers, enters private practice and will be succeeded by Dr. Robert Ideson. Dr. Eugene Hildebrant of Dundee has been appointed senior assistant in obstetrics under Dr. Kinyon, and Dr. F. R. Towne becomes assistant in internal medicine under Dean Hinsdale. W. H. Voight, a junior in college, but a man who has had experience in clinical work in German hospitals has been recommended director in the clinical laboratory to succeed Dr. Ralph Mellon, who has received an appointment as director in the pathological laboratory at the Hahnemann Hospital in Rochester, New York.

The Women's Homœopathic Guild of Ann Arbor have a fund of $1,200 and are busy raising more for the double purpose of helping sick students in the hospital and needy students who are finding college expenses too heavy for their resources. Helping them early may keep them out of the hospital.

Minnesota. At the fiftieth annual session of the Minnesota State society, the following officers were elected: A. G. Moffat, Howard Lake, president; W. C. Roberts, Owatonna, and G. L. Doxey, Minneapolis, vice-presidents; Herman Kesting, St. Paul, secretary; Margaret Koch, Minneapolis, treasurer.

Dr. Alvinza B. Cole, Fergus Falls, announces retirement from active medical practice.

Dr. Annah Hurd has been in Chicago for a month, doing graduate work in anesthesia, obstetrics and surgery.

Missouri. At the fortieth annual meeting of the Missouri institute, Dr. A. C. Putnam, of Marshall, was made president, and Dr. F. F. Netherton, of Clinton, secretary.

Several of the graduates of the Southwest School took the Arkansas state board examination, for practice in that state of many opportunities.

New Jersey. Dr. Willet S. Lanning announces change of address to Bound Brook, N. J.

New York. The monthly meeting of the Utica Homœopathic Club assembled at the Arcanum Club, guests of Dr. Earle B. Guile.

Dr. Bert B. Clark has returned from an extended trip in Indiana, Illinois and Wisconsin.

Dr. F. K. Hollister, 521 New York City, announces his summer residence with office hours at Easthampton, Long Island.

Dr. Joseph H. Fobes, of New York, announces appointments at Litchfield, Conn., during August. Tel. 166, Ring 2. Dr. Fobes was toastmaster at the Alumni Association banquet of N. Y. Hom. College and Flower Hospital, at Hotel McAlpin, May 25th. There were two hundred members and guests present.

The Women's Board of the Buffalo Homœopathic Hospital have reported 1,486 kits sent on to Red Cross headquarters in New York.

Ohio. The new Homœopathic Hospital at the State University will be ready for occupancy when college opens in September.

Dr. Albert E. Hinsdale was the guest of the Cincinnati Lyceum at Hotel Gibson in May. The paper presented was "Studies on Drug Pathology."

Personal Experiences in South Africa was the address given to the Cleveland society, at their recent annual meeting. It was an illustrated talk by the Reverend F. D. Wolf.

Dr. W. J. Blackburn of Dayton gave the chief address of the

evening, at the recent annual meeting of the Dayton society. Dr Blackburn's paper was on "Catarrhal Diseases of the Naso-Pharynx." The paper was excellent and the discussion lively.

Oregon. Dr. Frank F. Casseday presented the chief paper —on Veratrum: a Comparison—at the June meeting of the Round Table.

Dr. Edgar H. Howell, editor of the *Pacific Coast Journal of Homœopathy* announces that the profession in San Francisco has inaugurated a "Round Table," following the lead of Oregon.

No further information has been obtained of the unexplained disappearance of the brother of Dr. Canfield.

Dr. Byron Miller left Portland in time to join the special train for Baltimore when it leaves Chicago.

Several local physicians went up to Tacoma for the Washington State meeting.

Pennsylvania. The Children's Homœopathic Hospital of Philadelphia has purchased three properties adjoining the hospital and will erect an annex to the orthopedic department, and an extension to the nurses' home.

The annual banquet of the Alumni Association of Hahnemann of Philadelphia, was held last night at the Bellevue-Stratford Hotel. A life-size portrait of Dr. William B. Van Lennep, professor of surgery at the college, will be presented to the Board of Trustees by friends and former pupils.

Twenty students who came to this city from all parts of the country to study medicine were graduated yesterday as physicians by the Hahnemann Medical College. Commencement exercises were held in the Garrick Theatre with Charles D. Barney, president of the college, presiding.

Doctors are proverbial procrastinators. The County Medical Society has recommended that no faculty appointments be made unless members are in good financial standing in the County Society.

Dr. Desiderio Roman announces removal of his office to 1904 South Rittenhouse Square.

Dr. William E. Van Norden, formerly of Chicago, has received appointment at the Walter Sanitarium, Walters Park.

Dr. William F. Baker arranged a specially fine exhibit at the Institute on the *Physical Department of a Modern Hospital.*

Washington. The State Society came off the week of the 15th at Tacoma. Dr. E. Weldon Young, president of the S. & G. Society and Dr. Ernest E. Beckett are delegates to the Preliminary Congress of States.

Wisconsin. At the closing session of the State Society a resolution was passed endorsing the plan of the Institute to establish a separate board of censorship to standardize homœopathic medical colleges.

The officers for 1916-1917 are John E. Guy, Milwaukee, president; John F. Schneider, Oshkosh, vice-president; Mary M. Hopkins, Oconto, secretary; F. E. Brown, Milwaukee, treasurer; J. Lewis, Milwaukee, censor; Nelson A. Pennoyer, Kenosha, necrologist.

CHANGE OF ADDRESS

From membership list in JOURNAL, December, 1915.

Moved to

Allen, Charles E.....712 Waldheim Bldg., Kansas City, Mo.
Arthur, Daniel H.....225 W. 69th St., New York, N. Y.
Bachelder, Bayley B.....Sandy, Oregon.
Bartlett, Clyde .....Box 322, Marion, Mass.
Betow, Emma J.....Clyde, Ohio.
Candee, James W.....Ridgetop, Forestport, N. Y.
Collins, P. Phelps.....708 14th St., Denver, Colo.
Dillenback, Emil U.....705 Sumner Ave., Springfield, Mass.
Farr, Margaret E.....426 S. Boyle Ave., Los Angeles, Calif.
Gossard, Charles E.....Republic, Kans.
Hepburn, Donald S.....East Bloomfield, N. Y.
Hildebrant, Hugh R.....Homœopathic Hospital, Ann Arbor, Mich.
Huntington, T. T.....Rochester, N. Y.
Jackowitz, Gabriel J.....347 Orange St., New Haven, Conn.
Jones, Ralph P.....Marcellus, Mich.
King, Edward H.....145 N. Seville Ave., Huntington Park, Cal.
Lamb, George C.....St. Petersburg, Fla.
Lanning, Wjllet S.....Bound Brook, N. J.
LaRocco, C. G.....423 Erie Bldg., Cleveland, Ohio.
McDermott, J. J.....Hubbardston, Mich.
Mitchell, Joseph R.....4645 N. Racine Ave., Chicago, Ill.
Norris, Maria W.....21 Prospect Ave., N. E., Grand Rapids, Mich.
Ogden, Arthur W.....West Jersey Homœo. Hosp., Camden, N. J.
Palmer, Anna C.....131 Magazine St., Cambridgeport, Mass.
Peyton, Dora W.....2320 S. Grand Ave., St. Louis, Mo.
Reese, James W.....New London, Ohio.
Robinson, S. Miles.....569 Lancaster Ave., Bryn Mawr, Pa.
Ross, Louise .....1731 Columbia Road, N. W., Washington, D. C.
Russell, H. Everett.....45 W. 87th St., New York, N. Y.
Shamer, Maurice E.....3300 W. North Ave., Baltimore, Md.
Simon, Samuel H.....Harrisburg, Pa.
VanderBogart, Harry E...3314 Lawrence Ave., Chicago, Ill.
Van Norden, Wm. E.....The Walter Sanitarium, Walters Park, Pa.
Whitaker, Harper E.....23 Elm St., Gloucester, Mass.
White, Mary H.....461 Rose Bldg., Cleveland, O.
Yamshon, Samuel .....6104 Quincy Ave., Cleveland, O.

OBITUARY

Happiness lies in breadth of heart. And breadth of heart is that inward freedom which has the power to understand, feel with, and, if need be, help others.

—Galsworthy.

James Tyler Kent, A. M., M. D., was born in Woodhull, N. Y., March 31, 1849, and passed away at his home in Stevensville, Mont., June 5, 1916, aged 67 years, 2 months and 7 days. He was the son of Stephen and Caroline (Tyler) Kent. Received Ph. B. Madison (now Colgate) U. 1868; M. D., Eclectic Med. Inst., Cincinnati, 1871; M. D., Hom. Med. College of Missouri, 1879. Married Clara Louise Tobey of Philadelphia July 2, 1896. Practiced at St. Louis 1873-1888; Philadelphia, 1888-1900. Prof. of Materia Medica Hom. Med. College at St. Louis, 1881-1888. Prof. Materia Medica and Dean Post Graduate school of Homœopathy at Philadelphia, 1890-1899. Prof. Materia Medica, Hahnemann Med. College and Hospital, Chicago, 1903-1910. Prof. Materia Medica, Hering Med. College, Chicago, 1910-1913. Member of the American Institute of Homœopathy since 1904; International Hahnemanian Association; Ill. State Hom. Society; British Hom. Society (hon.) and founder of Society Homœopathicians.

Author: Repertory of the Homœopathic Materia Medica, 1877. Homœopathic Philosophy, 1900. Lectures on Homœopathic Materia Medica, 1905.

Another laborer has gone to his reward. Another master and leader has removed from our midst.

Dr. Kent was a man with a master mind. He possessed a giant intellect with a most wonderfully keen perception of truth. He was an indefatigable worker. He accomplished much. As a writer, his lectures on the Organon and the Materia Medica, are not equaled by any modern writer. His Repertory of the Materia Medica is masterly. These were written in maintenance of the true art of healing in which he was so skillful.

As a prescriber he had no equal. His thorough knowledge of what was curable in disease in general and in each individual in particular; what was curative in drugs in general and in each drug in particular, and the accurate application of the one to the other made him the most accurate prescriber in the profession. His students found in him a counselor of great value, and his instructions were treasured as priceless gems. He has gone. His mantle must fall on other shoulders.

G. E. Dienst.

Edgar Reeve Bryant, M. D., died in San Francisco, December 30, 1915. Dr. Bryant has been prominent in the professional life of San Francisco and of California, having been a member of the Institute since 1895, and president of the California State Society in 1909.

John D. Zwetsch, 58 years. Died May 6, 1916, Gowanda, N. Y. Dr. Zwetsch died from injuries received in an automobile accident. He was born April 30, 1858, in Sheldon, N. Y. He was educated in the

schools of Buffalo, and received his medical degree from the Cleveland School in 1882. His entire professional life was spent in Gowanda, where he made a reputation as a valued citizen as well as an uncommonly successful physician. Dr. Zwetsch was surgeon for the Erie Road for thirty years, a member of the board of managers of the Gowanda State Hospital, and of various social and professional societies. A member of the Institute since 1902. His personal friend, the Reverend James Craig Buchanan, paid this tribute: "I had not been in this village passing a week or two when I discovered these things about him, his unartificial and uncanonical manner, his manly and dignified disregard of petty and ignorant criticism, his love of music and his love of animals. By and by I discovered other traits of character, —his determination to understand a 'case,' and to get to the very bottom of it, his unaffected kindness and his genius for hospitality, his unimpeachable loyalty in friendship and his own professional success."

James T. Sherman, M. D., died June 6, 1916, in Newport, R. I. Dr. Sherman practiced medicine for many years in Dorchester, Mass. A member of the institute since 1899.

Dr. J. C. Knauer, M. D., June 3, 1916. Dr. J. C. Knauer was born at Knauertown, Pa., June 24, 1862. He was of pure American blood, his family on both sides having come to the British colony of Pennsylvania in 1732. He was graduated from the College of Physicians and Surgeons of Baltimore, in 1886, but was homœopathic in conviction even before he went to medical college: he had learned homœopathy from his preceptor, Dr. Aaron Detwiller, who was one of the first and most successful homœopathists in Reading. He practiced homœopathy during the entire thirty years of his medical experience. He was one of the founders of the Homœopathic Hospital of Reading, Pa., and at the time of his death was one of the two Gynecological Surgeons of the staff.

Dr. Knauer was a member of the board of trustees of the Visiting Nurse Association of Reading, Pa., member of the State Homœopathic Medical Society; Hahnemannian Medical Society of Berks County; a member of the American Institute of Homœopathy many years ago; he was also a member of many fraternal organizations, including the Grand Fraternity; Knights of the Maccabees; Modern Woodmen, etc.

Sarah Howe Morris, M. D., died at Santa Monica, Calif., May 24th. Dr. Morris was 84 years old and one of the first women to graduate from a Medical College in this country. In order to complete her course Dr. Morris worked for eight years in a New England mill. At the time, violent opposition on the part of the medical profession was made to her graduation as a physician. She was one of the first woman suffragists and a close friend and co-worker of Frances Willard in the founding of the W. C. T. U. She was also a personal friend of Ralph Waldo Emerson and other noted thinkers and writers.

A. C. C.

BOOK REVIEWS

The Art of Anesthesia, by Paluel J. Flagg M. D. Lecturer in Anesthesia, Fordham University Medical School, Anesthetist to Roosevelt Hospital; Instructor in Anesthesia to Bellevue and Allied Hospitals, Fordham Division; Consulting Anesthetist to St. Joseph's Hospital, Yonkers, N. Y., formerly Anesthetist to the Woman's Hospital, New York City. 136 illustrations. Philadelphia and London: J. B. Lippincott Company. Pp. 341; octavo; price $3.50 net.

"The proper administration of an anesthetic is more than a mere mechanical performance, it is an art.

"The Art of Anesthesia is acquired by becoming familiar with the laws which govern its administration and by developing the ability to properly correlate and apply these laws."

So says the author in his preface. He discusses in detail types of anesthesia giving the technic of administration of everything that is being used. This discussion takes up the larger part of the work and is invaluable.

The second part of the book discusses "Preliminary Medication in Anesthesia," "Post-Operative Treatment of the Patient," "Carbon Dioxid and Rebreathing," "Emergency Anesthesia," "The Anesthetist's Records," "Aspirators."

In an interesting historical sketch, it is worthy of note that Dr. Flagg gives credit for the first use of ether as an anesthetic in surgical work to Dr. Crawford W. Long who used it in January, 1842, some four years before Dr. W. T. Morton gave his famous demonstration at the Massachusetts General Hospital. This bit of history is extremely interesting and contains copies of letters which seem to justify Dr. Flagg's conclusions.

The book brings the discussion of anesthesia up to date and should be in the possession certainly of every one who makes the giving of anesthetics a specialty. The surgeon would profit by reading it. *J. R. H.*

Painless Childbirth—Eutocia and Nitrous Oxid-Oxygen Analgesia. By Carl Henry Davis, A. B., M. D. Associate in Obstetrics and Gynecology, Rush Medical College in affiliation with the University of Chicago. Assistant Attending Obstetrician and Gynecologist to the Presbyterian Hospital, Chicago. Forbes & Company, 1916. Small 24 mo; pp. 134; price $1.00 net.

Among the most familiar headlines in the daily newspaper are "Birth Prevention," "Painless Childbirth," "Simple Studies in the Sex," and all three may be found in almost any single paper. So we may say that the processes involved from beginning to finish are subjects of popular discussion.

Dr. Davis takes up a study of the much discussed problem on pain elimination during parturition. A careful study of anesthetics in general, the chemicals used, leads him to the definite conclusion that nitrous oxid and oxygen are much to be preferred over anything else suggested.

The book is certainly worth while and should be a handy reference to any who do obstetrical work. *J. R. H.*

Norme Igieniche per la Madre ed il Bambino. Francis H. MacCarthy, M. D. Translated into Italian by Dr. Carlo Domenico Crespi.

Dr. MacCarthy's book on Hygiene for Mother and Child is a comprehensive handbook of about three hundred pages, dealing with hygiene for the mother during pregnancy, with the course of normal development of the child, and with questions of food, baths and dress during the first three years of life. Additional chapters take up the topics of sleep, fresh air, education at home and at school, symptoms of illness and first aid in accidents. It would seem as if scarcely any question could arise in the care of a small child which is not touched upon here. The book is written in simple, direct style, and in untechnical language, quite intelligible to the lay reader. It is moreover full of good sense. The remarks on the educational value of well-balanced and judicial control of the child at home, and on the importance of the father's taking a hand in training of the child, as well as the mother, are cases in point.

If some matters seem too obvious and elementary to be mentioned, we may remember that general intelligence is not a prerequisite to matrimony.

It is a pity that so good a book should be put out with such poor print and paper. *E. G. H.*

A Text-Book of Fractures and Dislocations, With Special Reference to Their Pathology; Diagnosis and Treatment. By Kellogg Speed, S.B., M.D., F.A.C.S., Associate in Surgery, Northwestern University Medical School; Associate Surgeon, Mercy Hospital; Attending Surgeon, Cook County and Provident Hospitals, Chicago, Ill. Octavo, 888 pages, with 656 engravings. Cloth, $6.00 net. Lea & Febiger, Publishers, Philadelphia and New York, 1916.

The particular feature of this book is that all of the statistical material and much of the clinical material reported is from actual service at Cook County Hospital, Chicago.

Each type of fracture pathology is illustrated by line drawings made from the Roentgenograms of hospital cases. Much praise is due to the Roentgenologist and the artist who have added their skill to that of the author to produce a valuable addition to the practitioner's library. *S. M. H.*

Blood-Pressure: Its Clinical Applications. Second Edition, Revised and Enlarged. By George W. Norris, A.B., M.D., Assistant Professor of Medicine in the University of Pennsylvania; Visiting Physician to the Pennsylvania Hospital; Assistant Visiting Physician to the University Hospital; Fellow of the College of Physicians of Philadelphia. Octavo, 424 pages, with 102 engravings and 1 colored plate. Cloth, $3.00 net. Lea & Febiger, Publishers, Philadelphia and New York, 1916.

In less than two years a second edition of this authoritative work has been demanded. The importance of a more sane interpretation of blood-pressure is steadily gaining ground. The beneficence of climate, the occasional good results of psychic treatment, respiratory gymnastics and the therapeutics of radioactive substances enter into the discussion of this subject which is demanding careful study by the internist. *S. M. H.*

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(Continued on Page 20)

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(Continued from Page 18)

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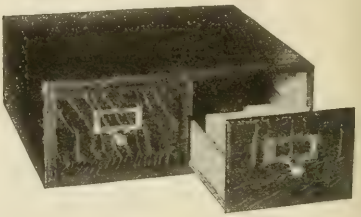

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Vermont—G. G. Hall, Pres., South Woodbury. George I. Forbes, Sec., 215 Pearl St., Burlington. The 4th Wednesday in May, at Montpelier.

Virginia—J. Leonard Jennings, Pres., Danville. Garnette W. Johnson, Sec., Danville. Next meeting, Dec., 1916.

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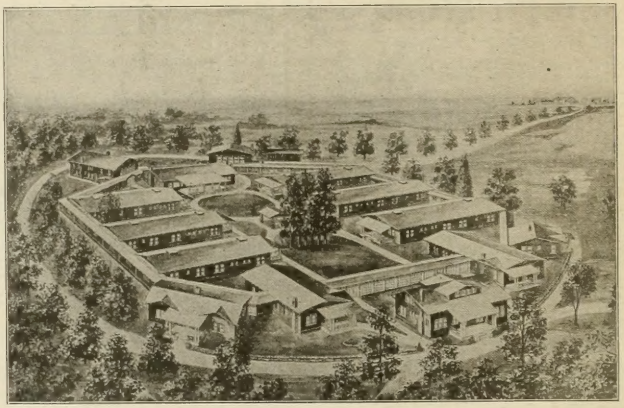

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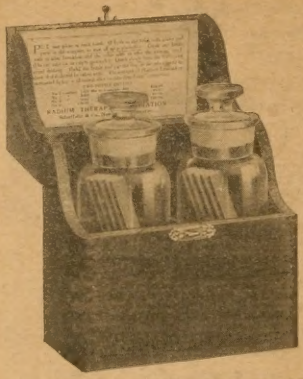

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